Suffolk Cub Scouts County Chess Competition 2012

Saturday 21st January

2pm - 4.30pm

1st Framlingham HQ

The Old Fire Station, Badingham road,
Framlingham

IP13 9HS



No need to book in advance - just turn up. Each Cub should bring £2.00, a chess set and their completed form.

December 2011

To all Cub Scouts in Suffolk,

You are all invited to this competition. A simple league system will ensure that all Cubs, of whatever ability will play more than one game, although the final winners will be determined by "knock-out" rounds following a break for refreshments. There is limited parking at the HQ. Map is overleaf.

Cubs should arrive in uniform by 2pm to be registered and placed into leagues. Playing will start at 2.30pm, and the event will finish at approximately 4.30pm. Entry is £2 per Cub to cover costs, and each Cub should try to bring a chess set with them (nothing too precious please). The form on the reverse of this letter must also be completed, brought along and handed in at registration.

If, for any reason, you need to contact us during the event you will be able to get me either on my mobile number or via my home number shown at the bottom of the page.

Steve Lovett ACC Cub Scouts

SUFFOLK COUNTY CUB SCOUTS CHESS COMPETITION RULES

- 1 Cubs will play the initial rounds in a league group containing not more than nine other players.
- 2 Each league game will be limited to twelve minutes playing time.
- 3 Checkmate reached within time gives an overall winner of the game.
- In the event of check mate not reached within the time limit, the following points system will be used:

Pawn = 1

Knight = 3

Bishop = 3

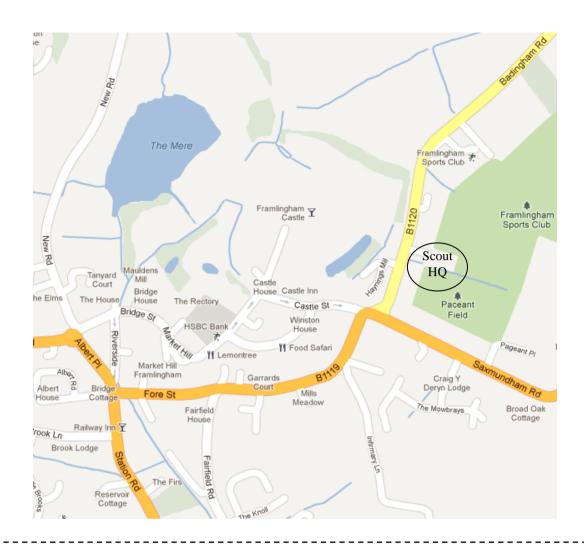
Rook = 5

Queen = 9

The total value of the pieces held by each player will then determine the winner of that game.

5 The semi-finals will be played with a time limit of 15 minutes and the final 30 minutes.

Suffolk County Scout Council



Name of young person:	D.o.B:
Event: Suffolk Cub Scout Chess comp	petition
I enclose £2.00 I have noted the arrangements detailed in this letter and agree to	the named young person taking part.
Emergency contact:	Phone:
Doctor's name and contact details:	Details of any medications currently being taken:
Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this activity:	Details of any infectious diseases he/she has been in contact with in the last three weeks:
	eive medical treatment and I cannot be contacted to authorise this, atment and authorise the Leader in charge to sign any document
Signed:	Date:

Relationship to young person: