

Suffolk Cub Scouts County Chess Competition 2013

Saturday 26th January
2pm – 4.30pm
St Edmunds Catholic Club
Westgate Street
Bury St Edmunds
IP33 1QG



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

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.

The club is situated in the Crypt of the Church. There is a carpark there, but not huge. The Church is opposite the Rose & Crown Pub.

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** attached to 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 my mobile number is shown at the bottom of the page.

Steve Lovett
ACC Cub Scouts

Suffolk County Scout Council

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Founder Robert Baden-Powell OM Chief Scout Bear Grylls

Charity no 305682

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.
- 4 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.

Name of young person: **D.o.B:**

Event: Suffolk Cub Scout Chess competition

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:**

I enclose £2.00

I have noted the arrangements detailed in this letter and agree to the named young person taking part.

If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.

Signed: **Date:**

Relationship to young person: