|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Formularz zgłoszeniowy ekip na** | | | | | | | | | | | | | | |
|  | | **Mistrzostwa Polski Osób Niepełnosprawnych w Szachach** | | | | | | | | | | | | | | |
|  | | **Gościm 13-15.10.2017** | | | | | | | | | | | | | | |
| **Lp.** | **Nazwisko** | | **Imię** | **Data urodzenia** | **PESEL** | **Nazwa Klubu** | **Kategoria Tytuł** | **Ranking** | | **Grupa KIZ** | | **Zgłoszenie do Mistrzostw w szachach** | | **Osoba na wózku** | **nr orzeczenia o niepełnosprawności;**  **stopień niepełnosprawności** | **zawodnik, wolontariusz** |
| **FIDE** | **PZSZach** | **narząd ruchu** | **pozostałe wewnętrzne** | **A \*** | **B\*** | **tak** |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\*A – szybkie; B - Błyskawiczne