**Mick Germaine Cup 2016.**

The Leinster Chess Union (LCU) is pleased to announce that this year’s Mick Germaine Cup competition for teams of juniors/novices will take place on:

**Sunday 11th December 2016 in the Ierne Sports and Social Club (Main Hall), Gracepark Road, Drumcondra, Dublin 9 (home of the Elm Mount Chess Club).**

**Registration and Playing Timetable**.

Registration from 10.30am to 11am.

Round 1 – 11 am.

Round 2 – 11.40 am.

Round 3 – 12.20 pm.

1.00 pm – 2.00 pm – break

Round 4 – 2.00 pm

Round 5 – 2.40 pm

Round 6 – 3.20 pm

Prize-giving 4.00 pm.

**Eligibility Requirements.**

Teams should be comprised of 4 players who are under 16 years of age on 1st December 2016. Players with an ICU rating of 900 or less or who are unrated are eligible to compete in the tournament. (ICU September 2016 rating list applies).

**Format of Tournament.**

It will be a swiss tournament with 6 rounds of matches with a break for lunch in accordance with the above timetable. **Teams from both schools and chess clubs can enter the tournament.**

**Time Control and Playing Equipment.**

The time control is 15 minutes per player per game and all equipment will be provided by the LCU. Players will have to use clocks but are not obliged to record their moves.

**Entry Fees.**

Entry fee is 20 euro per team which can be paid on 11th December 2016 at registration.

**Composition of Teams**

Please complete the team sheet below for each team entered and present it to the controller at registration or email it to mastergame100@hotmail.com if you are sure of the composition of your team in advance of the tournament. If you are unsure of the composition of your team in advance, you can submit an entry via email and name the players at registration. Please note that substitutes can be used during the tournament.

**Enquiries/Entries to:**

Pat Fitzsimons at mastergame100@hotmail.com, or phone at 087 4195253.

If you wish to pay the entry fee in advance of registration please make cheques payable to the *“Leinster Chess Union”* and post them to Pat Fitzsimons at 216 Glasnevin Avenue, Dublin 11.

**Teamsheet. (to be completed for each team entered).**

|  |  |
| --- | --- |
| **Team** |  |
| **Board No.** | **Players Name** | **Date of Birth** | **ICU Code** | **Rating** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |