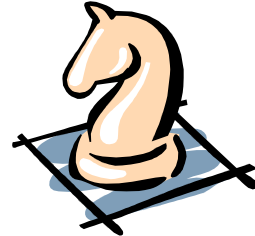
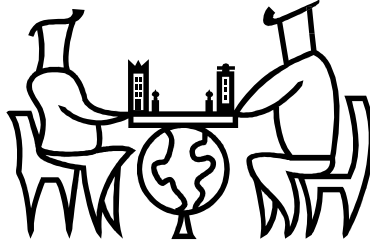
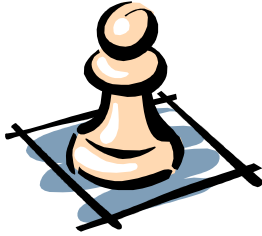


Montville Recreation Department's

# **CHESS PROGRAM**

## **BEGINNER & ADVANCED PROGRAMS**



**WHO:** Grades 1st through 12th *(New students are always welcome!!!)*

**WHAT:** Students will learn the origin of chess, the rules of the game, the moves of the chess figures, and winning strategies, while participating in group and individual instruction. Instruction will be provided by the International World Chess Academy.

**WHEN:** Tuesdays: January 19, 26, February 2, 9, 23, March 2, 9 & 16 *(No: 2/16)*

**TIMES:** 4:30 to 5:30pm for Beginners & Returning Students  
**OR:** 5:35 to 6:35pm for Intermediate, *Older* Beginners & Advanced Students

**WHERE:** Montville Community Park's FIELD HOUSE, 130 Change Bridge Road in Montville

**INSTRUCTOR:** Mr. Roland Yakobashvili, International Ranked Chess Master

**COST:** \$105.00 for the 8 week session *Note: There is a \$5.00 processing fee for program refunds.*

**PAYABLE TO:** Montville Recreation, 195 Change Bridge Road, Montville 07045

**REGISTRATION PROCEDURE:**

1. In Person 2. Mail 3. On-Line OR 4. Payment Drop Box in Municipal Building's Parking Lot  
**\*\*\* Checks or Cash Only for In-Person Registration OR Checks Only for Mail or Payment Drop Box!!! \*\*\***  
**OR Credit Cards for On-LineRegistration!**

*Please Note: You will be charged a 2.5% convenience fee for credit card use on-line!*

*For On-Line Registration !!! Go to the town's website at: [www.montvillenj.org](http://www.montvillenj.org)*

*Click on Municipal Services & then click on Parks & Recreation & then click on On-Line Registration*

**CLASS SIZE IS LIMITED!!! FIRST COME, FIRST SERVE!!! DON'T GET CLOSED OUT!!!**

**QUESTIONS ??? Call Recreation at: 973-331-3305 or visit our website at: [www.montvillenj.org](http://www.montvillenj.org)**

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### **CHESS PROGRAM - WINTER 2010**

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY NAME & NUMBER \_\_\_\_\_

**PLEASE CIRCLE CLASS CHOICE:** 4:30 to 5:30pm **OR** 5:35 to 6:35pm

Please list any special needs your child may have that will assist us in providing a successful experience:

\_\_\_\_\_

My child has my permission to participate in this program.  
I understand that the Recreation Department **DOES NOT** provide accident insurance.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE:** Fee Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Date Paid \_\_\_\_\_ Received By \_\_\_\_\_ **Program # 820**