

TOURNAMENT REPORT FORM

IT3

Federation BRA		Name of Tournament Campeonato Goiano Absoluto 2012							
Country and Place of Tournament Goiania-GO					Starting date 2012/12/01		Ending date 2012/12/09		
Organizer of the Tournament Federacao de Xadrez do Estado de Goias									
Contact Information (Address, phone, fax, E-mail) of the person responsible for information: _____ _____ _____									
Number of Rounds 9		Schedule (number of rounds/day)				Rate(s) of play 90 min + 30 sec			
Tournament Type Round Robin individual			Pairing System of a Swiss System Tournaments FIDE Manual <input type="radio"/> Person responsible Computerized <input checked="" type="radio"/> Program used Swiss-Manager						
Special Remarks (exception in pairing, restart option,) _____ _____ _____ _____									
Type	Number	Number of Feds	Host Fed. players	Other Fed. players	Type	Number	Number of Feds	Host Fed. players	Other Fed. players
Rated	10	1	10	0	Unrated	0	0	0	0
GM	0	0	0	0	WGM	0	0	0	0
IM	0	0	0	0	WIM	0	0	0	0
FM	0	0	0	0	WFM	0	0	0	0
Chief Arbiter and contact information for Chief Arbiter (Address, phone, fax, E-mail): AR Henrique Cardoso _____ _____									
1 st Deputy Chief Arbiter									
If more than 50 players									
2 nd Deputy Chief Arbiter									
If more than 100 players									
3 rd Deputy Chief Arbiter									
If more than 150 players									
4 th Deputy Chief Arbiter									

The organizer must provide this report form to each arbiter who has achieved a norm, his/her federation, the organizing federation and the FIDE Secretariat