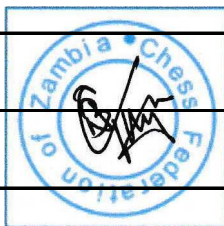


TOURNAMENT REPORT FORM

IT3

Federation ZAM		Name of Tournament Copperbelt Open Chess Championship - 2016							
Country and Place of Tournament Ndola Central Hospital					Starting date 2016/12/31		Ending date 2017/01/02		
Organizer of the Tournament Copperbelt Chess League Association									
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 minutes for the whole game per pla			
Tournament Type Swiss System			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	51	1	51	0	Unrated	16	1	16	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): [8700834] Bwalya Gift _____ _____									
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