

TOURNAMENT REPORT FORM

IT3

Federation CPV		Name of Tournament I CAMPEONATO NACIONAL DE EQUIPAS							
Country and Place of Tournament MINDELHOTEL - S. Vicente					Starting date 2018/01/17		Ending date 2018/01/21		
Organizer of the Tournament FEDERAÇÃO CABO-VERDIANA DE XADREZ									
Contact Information (Address, phone, fax, E-mail) of the person responsible for information: _____ _____ _____									
Number of Rounds 5		Schedule (number of rounds/day)			Rate(s) of play 90'+30" increment from move 1				
Tournament Type Round Robin por equipes			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	11	4	6	5	Unrated	35	1	35	0
GM	1	1	0	1	WGM	0	0	0	0
IM	2	2	0	2	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): Carapinha, Francisco M. (CPV) - 1928090 _____ _____									
1 st Deputy Chief Arbiter Lopes, Daniel (CPV) - 23600403									
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