

TOURNAMENT REPORT FORM

IT3

Federation gre		Name of Tournament 2017 Team Championship ESN Attikis - POA							
Country and Place of Tournament					Starting date 2017/01/15		Ending date 2017/03/26		
Organizer of the Tournament ΕΣΣΝΑ									
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'+30'/40moves+30"increment per mo				
Tournament Type Team Round Robin			Pairing System of a Swiss System Tournaments FIDE Manual <input type="radio"/> Person responsible Computerized <input checked="" type="checkbox"/> 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	120	1	120	0	Unrated	24	1	24	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): 4205588 Mihailidis, Anastacios _____ _____									
1 st Deputy Chief Arbiter Stavropoulos Aris 4291760									
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

ive from the first move