TOURNAMENT REPORT FORM

			Name of Tournament VI Torneio Internacional Cidade de Famalicão							
POR				nternacion	al Cidade	n				
Country and Place of Tournament Vila Nova de Famalicão			nt				Starting date		Ending date	
				2018/07/29		018/07/29	2018/08/04			
Organizer of the Tournament AXDB e A2D										
Contact Information (Address, phone, fax, E-mail) of the person responsible for information:										
Number of	f Doundo	Sab	Schedule (number of rounds/day)				Rate(s) of play			
9	Sch	Schedule (humber of founds/day)				90+30				
Tournament Type			Pairing System of a Swiss System Tournaments FIDE							
Swiss System Manual O Person responsible										
Computerized X Program used Swiss-Manager										
Special Remarks (exception in pairing, restart option,)										
Туре	Number	Number of Feds	Host Fed. players	Other Fed players	Туре	Numbe	r Number of Feds	Host Fed. players	Other Fed players	
Rated	107	13	91	16	Unrated	14	2	13	1	
GM	6	6	1	5	WGM	1	1	0	1	
IM	5	3	3	2	WIM	1	1	0	1	
FM	3	1	3	0	WFM	1	1	1	0	
Chief Arbit	ter and con	tact informa	tion for Ch	ief Arbiter (/	Address, pł	none, fax,	E-mail):			
Paulo Rocha										
Deputy Ch	nief Arbiter									
Arbiter Carlos Vieira Dias e Alzira Silva										
Arbiter										
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

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