

TOURNAMENT REPORT FORM

IT3

Federation IRI	Name of Tournament Mazandaran Fajr Cup Standard 1395								
Country and Place of Tournament Amol					Starting date 2/22/2017		Ending date 2/26/2017		
Organizer of the Tournament 									
Contact Information (Address, phone, fax, E-mail) of the person responsible for information: 									
Number of Rounds 7			Schedule (number of rounds/day)			Rate(s) of play 2*60+30			
Tournament Type Swiss System			Pairing System of a Swiss System Tournaments Manual <input type="radio"/> Person responsible Computerized <input checked="" type="radio"/> Program used						FIDE 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	12	1	12	0	Unrated	15	1	15	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): Nami, amin 									
Deputy Chief Arbiter 									
Arbiter 									
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