TOURNAMENT REPORT FORM

Federation ENG	I		Name of Tournament 1st 4NCL Easter Congress							
Country and Place of Tournament Stevenage							ting date 9/04/19		ling date 9/04/22	
Organizer of the Tournament Four Nations Chess League										
Contact Information (Address, phone, fax, E-mail) of the person responsible for information: Mike Truran										
mike@truranfamily.co.uk										
Number of Rounds Schedule 7							ate(s) of play 6/90 + 30'/move			
Tournament Type Swiss System				Pairing System of a Swiss System TournamentsFIDEManual O Person responsibleComputerized X Program usedSwiss-Manager						
Special Remarks (exception in pairing, restart option,)										
Туре	Number	Number of Feds	Host Fed. players	Other Fed players	Туре	Number	Number of Feds	Host Fed. players	Other Fed players	
Rated	41	5	37	4	Unrated	2	1	2	0	
GM	3	1	3	0	WGM	0	0	0	0	
IM	1	1	1	0	WIM	0	0	0	0	
FM	7	1	7	0	WFM	0	0	0	0	
FA Tim D	ickinson		ition for Ch	ief Arbiter (Address, pr	none, fax, E	-mail):			
oxford4ncl@outlook.com										
Deputy Ch	Deputy Chief Arbiter IA Matthew Carr									
Arbiter NA Ravi Sandhu										
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