



Royal College Under 20 All Island
Inter-School Chess Championship
17th Battle of the Kings



APPLICATION FORM

Name of School :

Address :
.....
.....

No.	Name	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
7.		

(Please indicate the captain beside his / her name)

I hereby certify that the above-mentioned details are true and correct.

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Teacher-in-Charge

.....
Principal