



# Mountain View Montessori After School Chess Club

Day: **Fridays**  
 Place: **Library**  
 Time: **3:35 - 4:35 1st - 8th Grade**  
 Fee: **\$85 for 8 weeks of chess**  
 Dates: **2/24, 3/2, 3/9, 3/16**  
           **3/30, 4/6, 4/20 & 4/27**

**\*\* Refer two friends and  
 receive a full size chess set!**  
**Instructor: Ryan Van Reken**

**Sign up today to reserve your child's spot**  
 The maximum number of students  
 for this session: 22 children  
 Questions? Please include student's name, school,  
 and estimated chess ability when contacting us:  
 Info@ChessKidz.org  
 Online Signups: [www.ChessKidz.org](http://www.ChessKidz.org)  
 Instructor: (775) 338 - 9278  
 Administration: (775) 223 - 9644  
**After-school chess club will include lessons as  
 well as playing time for each child!**  
 \*No Pro-Ration on Classes – See attendance policy

Our Mission Statement: As parents struggle to find pleasurable and worthwhile activities for their children, programs that challenge children to learn are becoming scarce. ChessKidz Incorporated promotes the game of chess as a learning device realizing that learning is a lifelong process. Children will participate in a program that inspires learning and teaches skills that will provide benefits for the rest of their lives.

Signing up is easy. Just fill out the fields below, cut at the dotted line (keep the dates for your reference), and turn it in to the school office. Please include a check that is **negotiable to ChessKidz**. Late sign-ups are only accepted if there is still space available in the class. Please visit the website for refund and attendance policy. "The Washoe County School District neither endorses nor sponsors the organization or activity represented in this document. The distribution of this material is provided as a community service."

*Yes! Please sign me up for the ChessKidz Club at my school!*

Student Name(s): \_\_\_\_\_ Grade Level: \_\_\_\_\_ Check #: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_ Skill Level: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

\*\* Were you referred by someone? Please list their name here: \_\_\_\_\_

*Please return this form by 2/13/2012 to the Mountain View Montessori office.*