

# CHESSMATES

Chess Mates, Inc. is a not-for-profit organization which offers children skills-based chess program

[www.lichessmates.com](http://www.lichessmates.com)





High level instruction in addition to supervised play will be provided to K-12 students of all levels from beginner to advance. Emphasis is on achieving excellence, enhanced problem solving and logical reasoning skills, creativity and forging lifelong friendships!

## Fall Semester

**IN-PERSON OPTION** (Group size 8) Masks required

*10 Mondays, Opening Night - October 4, 2021*



CANDLEWOOD MIDDLE SCHOOL, 1200 Carll's Straight Path, Dix Hills, New York 11746

 Beginner: Mondays 5:00 - 6:15 PM  Novice: Mondays 6:00 - 7:15 PM

**VIRTUAL OPTION** (Opening Night October 4th)

 Beginner: Wednesdays 4:00-5:15 PM / Sundays 10:30-11:45 AM;  Novice: Wednesdays 5:30-6:45



 Lower Intermediate: Thursdays 5:30 - 6:45 / Sundays 12:00-1:15;  Intermediate: Thursdays 5:30 - 7:00

 Adv. Intermediate: Wednesdays 5:00 - 6:30 / Saturdays 10:30-12:00;  Advanced: Wednesdays 6:30 - 8:00

*Additional classes will be added if groups reach capacity*

*Head Coach - Grandmaster Gennady Sagalchik*

Additional information: Email: [lichessmates@gmail.com](mailto:lichessmates@gmail.com) Tel.: (516) 225 - 0600; [www.lichessmates.com](http://www.lichessmates.com)

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This is not a Half Hollow Hills School District sponsored or endorsed activity

**Tuition:** 10 classes - \$245 received by **October 1<sup>st</sup>**; add \$25 when paid at the door

*\*10% Sibling Discount; Refund policy a pro-rated tuition is refunded within the first two weeks upon request*

Please email the registration to: [lichessmates@gmail.com](mailto:lichessmates@gmail.com)

**Payment options:**

- Zelle to: [info@lichessmates.com](mailto:info@lichessmates.com)

- By Mail: Please make checks payable to Chess Mates, mail to: 1845 W. 10th St, Brooklyn, NY 11223



Child's Name First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade \_\_\_\_\_ Telephone \_\_\_\_\_ (home) \_\_\_\_\_ (cell) School \_\_\_\_\_

E-mail \_\_\_\_\_ Emergency Contact: Name \_\_\_\_\_ Tel \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Level (please circle one):** **Beginner** **Novice** **Intermediate** **Advanced**