

Long Island ChessMates



PRESENTS

Summer Chess + Tennis Camp

In partnership with Sportime

40 OAK DRIVE, SYOSSET, NY 11791

August 24 - 27, 2026

(Mon-Thu)

9:00 am - 3:00 pm

Personalized Training program

All Levels

Limited to 14 students only

HEAD COACH: GRANDMASTER GENNADY SAGALCHIK

CHESS: In our program, children are afforded a uniquely-structured opportunity to develop and nurture a love of chess and enhance their learning experience within an inspiring and fun atmosphere. The camp offers high-level chess training programs for K-12 students of all chess levels from novice to advanced. Our students will discover new friendships while balancing the challenge of competitive teamwork with individual effort

TENNIS: THE CAMP INCLUDES DAILY TENNIS LESSONS IN PARTNERSHIP WITH SPORTIME SYOSSET

LUNCH: LUNCH IS MADE AVAILABLE TO PRE-ORDER FROM A LOCAL CAFÉ OR BRING YOUR OWN



TUITION: \$795; \$100 OFF IF REGISTERED BY **AUGUST 8TH**; \$50 OFF BY **AUGUST 16TH**;

PER DAY TUITION OPTION: \$225; 10% Sibling Discount

ADDITIONAL INFORMATION: lichessmates@gmail.com; (516) 225 – 0600; WWW.LICHESSMATES.COM

SAMPLE DAILY SCHEDULE

9:15 – 10:05	LESSON
10:15 – 10:45	TACTICS TRAINING
11:00 – 11:40	LUNCH
12:00 – 1:00	TENNIS
1:15 – 2:15	LESSON
2:15 – 3:00	TOURNAMENT



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SPRING CAMP REGISTRATION FORM

(August 24 – 27, 2026)

(Mon-Thu)

Student's Name: _____ **Age:** _____ **Grade:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____ **Home Phone #** _____

Email Address: (please print) _____

Mother's Name: _____ **Cell Phone #** _____

Father's Name: _____ **Cell Phone #** _____

Emergency Contact: Name _____ **Tel#** _____

You will be receiving a package with medical forms, emergency forms and waivers prior to start of the program. All forms must be on file prior to start of the program. Permission is granted for student to engage in all program activities except as noted on child's health form.

Permission is granted to use any photos in connection with publicity for the LI ChessMates Program.

Parent Signature: _____ **Date:** _____

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Payment options:

- QuickPay /Zelle to: info@lichessmates.com
- By Mail: Please make checks payable to Chess Mates, mail to: 1845 W. 10th St, Brooklyn, NY 11223

Register: Please email your registration form to: lichessmates@gmail.com

