Why Chess?
• Create Brighter Thinkers
• Improve Student Focus
• Achieve Academic Success

Educational Benefits of Chess:
• Improves concentration and focus
• Develops logical thinking and problem-solving skills
• Enhances memory
• Encourages creative and lateral thinking
• Promotes discipline
• Accelerates emotional development
• Expands visualisation and spatial awareness
• Demonstrates actions and consequences
• Rewards correct decision making
• Increases self-confidence
• Provides opportunities to make new friends from diverse backgrounds

Combines learning with fun!

Manly West Public School Chess Classes, 2015
[Thursdays 8:00AM - 9:00AM in the Library]

<table>
<thead>
<tr>
<th>Term 1</th>
<th>Cost: $67.50</th>
<th>5th Feb - 2nd Apr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term 2</td>
<td>Cost: $75</td>
<td>23rd Apr - 25th Jun</td>
</tr>
<tr>
<td>Term 3</td>
<td>Cost: $75</td>
<td>16th Jul - 17th Sep</td>
</tr>
<tr>
<td>Term 4</td>
<td>Cost: $75</td>
<td>8th Oct - 10th Dec</td>
</tr>
</tbody>
</table>

TO ENROL:
Please collect a form from the school office.

Sydney Academy of Chess Pty Ltd
Sydney Chess Centre, Level 1, 30A George Street Burwood, NSW
P: 9745 1170  F: 9745 1176  PO Box 1325, Burwood, NSW 1805
E: info@sydneyacademyofchess.com.au  W: sydneyacademyofchess.com.au
Manly West Public School Chess Classes – 2015

Classes will take place on Thursdays from 8:00AM – 9:00AM in the Library.

To enrol, please tick the appropriate boxes below:

**OPTIONAL EXTRAS**

- **Workbook 1 – Cost: $22**  
  [Beginner / Rookie]  
- **Workbook 2 – Cost: $22**  
  [Intermediate]  
- **Workbooks 1&2 – Cost: $35**  
  [SPECIAL OFFER]  
- **Chess set – Cost: $22**  
  [Roll-up chess board + pieces]  
- **Chess clock – Cost: $65**  
  [DGT Easy Gametime]  
- **Advanced Book – Cost: $33**  
  [Exploration in Chess Beauty]

**Delivery Information**

Delivery is via the chess coach and takes approximately 2-3 weeks from the date your payment is banked. If you would like to receive your order sooner, please use the online payment option and select "Shipping".

Pay for four terms in advance and receive a free chess set or workbook 2 valued at $22. Offer expires 31st March, 2015. **(Please circle your choice)**

Payment is due by the day of the first lesson. There will be no refunds for students who miss classes during the term.

Total amount paid: $________

**Method of payment** [please note that cash payments will NOT be accepted]

- **Online payment**  
  (preferred method)


- **Direct deposit**

  Sydney Academy of Chess  
  BSB: 062 319  
  Account Number: 1036 9569  
  [Commonwealth Bank]

  In the transaction description, you must write the school code “MW”, followed by the term/equipment code(s) and the child's first initial and surname.

  Codes: Term 1 = 1, Term 2 = 2, Term 3 = 3, Term 4 = 4, Workbook 1 = 5, Workbook 2 = 6, Workbooks 1&2 = 56, Advanced Book = 7, Chess clock = 8, Chess set = 9

  For example, “MW1289JSmith” would be John Smith's payment for terms 1 and 2, plus a payment for Workbook 2, and a chess set. If you pay by direct deposit, you must email a receipt and this permission form to enrol@sydneyacademyofchess.com.au

- **Cheque**

  Payable to Sydney Academy of Chess  
  Pay at Sydney Academy of Chess or post together with the permission slip to:  
  Sydney Academy of Chess  
  PO Box 1325 Burwood NSW 1805

- **Visa**

  Card Holder’s Name: ____________________________

  Card Number: __________ / __________ / __________ / __________

  Expiry Date: __________ / __________  
  Card Validation Code: __________

- **Mastercard**

  Card Holder’s Name: ____________________________

  Card Number: __________ / __________ / __________ / __________

  Expiry Date: __________ / __________  
  Card Validation Code: __________

**Student’s Name:** ____________________________  
**Date of Birth:** __________ / __________ / __________

**Class:** _________  
**Parent’s Name:** ____________________________

**Contact Numbers:** (Home) ____________________  
(Work) ____________________  
(Mobile) ____________________

**Email:** ____________________________

**Relevant medical conditions / allergies:** ____________________________

**Signed:** ____________________________  
**Date:** __________ / __________ / __________