THE INTERNATIONAL CHESS COMMITTEE OF THE DEAF



PROTEST-FORM

Association:		
Name of authorized person protesting:		
(Name)	(Function)	
Event:		
Date and hour:		
REASON OF PROTEST (in English only):		
Signature:	_	
DECISION OF JURY		
	_	
Signatures:		
DECISION OF JURY OF APPEAL:		
Signatures:		