

MasterMinds / Chess — 2017-2018 — Confirmation/Registration Form

[NOTE: THIS IS NOT A BILL; invoices will be generated separately once discounts are processed.]

Check all appropriate boxes below:

- Yes, our high school will be participating in the 2017-2018 MasterMinds program. We understand the cost to be \$752/high school.
- Yes, our high school wishes to participate in the 2017-2018 JV MasterMinds program.
Check one following (if applicable):
- We are a previous non-participant and are signing up to play just JV. We understand the cost to be \$333/school, and recognize there may be restrictions on our roster.
- We are a previous non-participant and are signing up to play both Varsity and JV (no JV fee)
- We are an existing participant and are adding JV. We understand the cost to be \$165/school.
- Yes, our high school will be participating in the 2017-2018 Interscholastic Chess League. We understand the cost to be \$319/high school.
Check one following (if applicable):
- We participate in both and wish to have our teams scheduled in the same league.
- We participate in both but wish to be scheduled in separate leagues.

- We are unsure about our participation and would like to schedule a demonstration to assess possible student/faculty advisor interest. [Return ASAP if checked]

School_____

MasterMinds coach (if known)_____

MasterMinds coach's e-mail:_____

Chess coach (if known)_____

Chess coach's e-mail:_____

If you have not yet identified any coaches/advisors, please provide the name of a contact below.

Contact Person:_____ School Phone(____)_____

Did your school play MasterMinds last year? Yes_____ No_____

Did your school play Chess last year? Yes_____ No_____

We wish to be billed immediately and take the 'early pay' discount. Yes_____ No_____

Signature of principal

Contact for invoicing: _____

Address: _____

Please mail or fax to:
CYPRAS, Inc.

4 Commercial St. St., Second Floor
Rochester, NY 14614
(585)-473-0864 Fax (585)-563-6745

Scanned forms may also be submitted as a pdf file.

E-mail the completed form to: mminds@rochester.rr.com

REQUESTED RETURN DEADLINE: Friday, October 13, 2017

NOTE: THIS IS NOT A BILL. The invoice for any participation fee(s) will be mailed separately.