TO REGISTER WITH CYPRAS

MasterMinds / Chess — 2023-2024 — Confirmation/Registration Form

[NOTE: THIS IS NOT A BILL; invoices will be generated separately once play has begun and discounts are included.]

Check all appropriate boxes below: Yes, our high school will be participating understand the cost to be \$794/high school.	in the 2023-2024 MasterMinds program. We
	in the 2023-2024 junior varsity MasterMinds program. We stand varsity participation is a prerequisite and mehow not available.
	te in a 2023-2024 holiday tournament. We understand the game event. If no workable tournament dates are billed.
in March. We understand the cost to be	te in the 2024 ACRONYM pop culture quiz bowl event \$\frac{1}{2}\$ \$16/player, with a limit of 8 players. We understand ont. If we don't field any players, we will not be billed.
Yes, our high school will be participating in We understand the cost to be \$349/high scho	
Yes, our school wishes to sign up for an	in-season tutorial session. We understand the cost to be \$95.
Yes, our school wishes to sign up for the prior to Interscholastic League playoffs.	e pre-playoff practice scrimmage to be held in the weeks The cost is \$16/player or \$60/team.
Check one of following (if applicable): We participate in MasterMinds and Chess	and want our teams scheduled in concurrent leagues.
We participate in both but wish to be sched prescheduling forms for each activity.	duled in separate leagues and will submit separate
We are unsure about our participation [Return ASAP if checked] Information	and would like to get more information. n request: Both Chess MasterMinds
SchoolM	MasterMinds coach (if known)
MasterMinds coach's e-mail:	
Chess coach (if known)	
Chess coach's e-mail:	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	e 'early pay' discount. Yes No
Signature of principal	Please mail or fax to: CYPRAS, Inc.
Contact for invoicing:	221 Norris Dr., Suite 2 Rochester, NY 14610
Address:	Fax Number: (585)-563-6745

Scanned forms may also be submitted as a pdf file. E-mail to: nymasterminds@gmail.com

REQUESTED RETURN DEADLINE: Friday, October 6, 2023