

Academic Challenge Bowl/MS 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 school wishes to participate in the 2017-2018 Academic Challenge Bowl program. We understand the cost to be \$474/middle school.
- Yes, our school wishes to participate in the the 2017-2018 Interscholastic Chess League in a middle school league. We will be coordinating with our ACB team (if we have one) and understand the cost to be \$191/team.
- Yes, our school wishes to participate in the the 2017-2018 Interscholastic Chess League in a high school league. We will be coordinating with the MasterMinds schedule (if applicable) and understand the cost to be \$319/team.
- We are unsure about our participation and would like to schedule a demonstration to assess possible student/faculty advisor interest. [Return ASAP if checked]

Middle School _____

ACB Coach #1(if known)_____ School Phone(____)_____

ACB Coach #2(if known)_____ School Phone(____)_____

Chess Coach (if known)_____ School Phone(____)_____

Contact Person:_____ School Phone(____)_____

Did your school play ACB last year? Yes_____ No_____

Did your school play chess last year? Yes_____ No_____ If yes, in a MS or HS league
(circle one)

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

Signature of principal

Please mail or fax to:
CYPRAS, Inc.
4 Commercial St. St., Second Floor
Rochester, NY 14614
(585)-473-0864 Fax (585)-563-6745

Contact for invoicing: _____

Address: _____

Scanned forms may also be submitted as a pdf file. E-mail the completed form to: acb@rochester.rr.com

REQUESTED RETURN DEADLINE: Friday, October 13, 2017

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