

# Academic Challenge Bowl/MS Chess — 2024-2025 — Confirmation/Registration Form

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

## Check one of following:

- ☐ We wish to have our payment processed by CYPRAS. BOCES aid would not apply but discounts for signing up for multiple services are available.
- ☐ We wish to have our payment processed by the Wayne-Finger Lakes BOCES. We understand that there will be cross-contract fees for non-component districts and CYPRAS discounts would not apply.

## Check all appropriate boxes below:

- ☐ Yes, our school wishes to participate in the 2024-2025 Academic Challenge Bowl program. We understand the cost to be \$514/middle school.
- ☐ Yes, our school wishes to participate in the 2024-2025 Interscholastic Chess League.
- Check one following:
- ☐ Yes, our school wishes to participate in the 2024-2025 Interscholastic Chess League in a middle school league. We understand the cost to be \$229/middle school.
- ☐ Yes, our school wishes to participate in the 2024-2025 Interscholastic Chess League in a high school league. We understand the cost to be \$374/middle school.
- ☐ Yes, our school wishes to sign up for an in-season tutorial session. The cost will be \$105.
- ☐ Yes, our school wishes to sign up for the pre-playoff practice scrimmage to be held in the weeks prior to Interscholastic League playoffs. The cost is \$16/player or \$60/team.
- ☐ We are unsure about our participation and would like to get more information.  
[Return ASAP if checked] Information request: ☐ Both ☐ Chess ☐ ACB

Middle School\_\_\_\_\_

ACB Coach #1(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)

\_\_\_\_\_  
Signature of principal

If going through CYPRAS

Contact for invoicing: \_\_\_\_\_

Address: \_\_\_\_\_

Please submit to:

CYPRAS, Inc.

221 Norris Dr., Suite 2

Rochester, NY 14610

(585)-473-0864 Fax (585)-563-6745

Scanned forms may also be submitted as a pdf file. E-mail the completed form to: nyacb1@gmail.com

**REQUESTED RETURN DEADLINE: Friday, October 11, 2024**

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