

Quiz Bowl Regional Rookie Invitational/Open Tournaments QBRRRIOT REGISTRATION FORM

School/Team: _____ Year _____

Team Captain: _____

Additional team members: _____

NOTE: All team members must be currently registered students, either full or part-time undergraduate or graduate students. Please place an asterisk (*) next to any player with HS quiz bowl experience. Place a double asterisk (**) next to any player who has attended an NAQT SCT.

Tournament date: _____ Tournament host: _____

Contact Person: _____ Phone(____)_____

Contact e-mail: _____

The fee for each team is \$45. Fee is payable on site by cash or check.
Teams may also request billing via invoice with the captain's signature.
Completed forms may be returned....

By mail:
CYPRAS, Inc.,
221 Norris Dr., Suite 2
Rochester, NY 14610

By fax:
(585)-563-6745

By scan and e-mail:
cypras@rochester.rr.com

Billing Authorization: _____

I, the above signed, authorize the tournament to bill us after the completion of the tournament.

Teams may call or e-mail to RSVP; bringing this form with them to the tournament.

Questions? Call (585)-473-0864 or (585)-703-6758 or e-mail cypras@rochester.rr.com