

Academic Challenge Bowl — 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.
- 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(____)_____

Contact Person:_____ School Phone(____)_____

Did your school play ACB last year? Yes _____ No _____

Are you affiliated with a school/district that plays MasterMinds? 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: acb@rochester.rr.com

REQUESTED RETURN DEADLINE: Friday, October 27, 2017

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