

Academic Challenge Bowl — 2018-2019 — 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 2018-2019 Academic Challenge Bowl program. We understand the cost to be \$479/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 \_\_\_\_\_  
Districts or schools with MasterMinds will receive a discount off the ACB fee.

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.  
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: [acb@rochester.rr.com](mailto:acb@rochester.rr.com)

**REQUESTED RETURN DEADLINE: Friday, October 26, 2018**

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