



2025-26 Academic Challenge Bowl Registration Form

***DO NOT SEND PAYMENT AT THIS TIME – Your District will be invoiced at a later date.**

Form MUST be completed and returned to:

colleen.meharg@neric.org by **October 17, 2025**

in order for your team(s) to participate

Check appropriate boxes:

- ☐ We wish to participate in the Academic Challenge program – **Cost is \$525 per team**
- ☐ We would like additional information.

Contact Name: _____

School District: _____ Middle School: _____

School Address: _____

School Phone: _____ Fax #: _____

ACB Coach #1: _____ Phone: _____

Coach #1 email: _____

ACB Coach #2: (if known) _____ Phone: _____

Coach #2 email: _____

PLEASE NOTE: In addition to the above fees, all non-component districts of Capital Region BOCES are subject to a 6.5% administrative fee. Private Schools are subject to a 8.37% administrative fee. **Cross-contracts must be fully executed before any services can be rendered*

Signature of Principal (**REQUIRED**)

Printed Name of Principal