

2017-2018 Academic Challenge Bowl & Middle School Interscholastic Chess Registration Form

Mail, Scan/Email, or Fax to Damon Piletz

Monroe 2-Orleans BOCES | 160 Wallace Way, Bldg. 9 |
Rochester, NY 14624 | Fax: 585-617-2596 |
Email: dpiletz@monroe2boces.org



DEADLINE: OCTOBER 13, 2017

Check all appropriate boxes below:

- Yes, our school will be participating in the **2017-2018 Academic Challenge Bowl** through Monroe 2-Orleans BOCES. We understand the cost to be **\$483/team*** and will include this in our service request to Monroe 2-Orleans BOCES.
- Yes, our school will be participating in the **2017-2018 Middle School Interscholastic Chess** through Monroe 2-Orleans BOCES. **We will be coordinating with the Academic Challenge Bowl Schedule.** We understand the cost to be **\$193/team*** and will include this in our service request to Monroe 2-Orleans BOCES.
- Yes, our school will be participating in the **2017-2018 Middle School Interscholastic Chess** through Monroe 2-Orleans BOCES. **We will be coordinating with the High School MasterMinds Schedule.** We understand the cost to be **\$327/team*** and will include this in our service request to Monroe 2-Orleans BOCES.
 - We wish to have our Chess and Academic Challenge Bowl teams scheduled concurrently.
 - We wish to have our Chess and High School MasterMinds teams scheduled concurrently.
 - We do not wish to have our Academic Challenge Bowl and chess teams scheduled concurrently and we will fill out two separate pre-scheduling forms.

***PLEASE NOTE:** A cross contract, purchase order, or request for additional service must be submitted with this completed registration form (signed by the school principal). In addition, all charges are subject to a 5.2% administrative fee for non-component districts of Monroe 2-Orleans BOCES. Your district will be billed after the request for service is received with this registration.

School: _____ District: _____

BOCES affiliation (if any): _____

Academic Challenge Bowl Coach(es)

Name: _____

Email: _____

Middle School Interscholastic Chess Coach(es)

Name: _____

Email: _____

Name of Principal

Signature of Principal

****Required****