Academic Challenge Bowl/MS Chess — 2025 [NOTE: THIS IS NOT A BILL; invoices will be general]	· ·
Check all appropriate boxes below: ☐ Yes, our school wishes to participate in the 2 Bowl program. We understand the cost to b	
 ☐ Yes, our school wishes to participate in the 2 Check one following: ☐ Yes, our school wishes to participate in the 2 middle school league. We understand the compart of the 2 school league. We understand the cost to be school league. We understand the cost to be 	.025-2026 Interscholastic Chess League in a ost to be \$234/middle school. .025-2026 Interscholastic Chess League in a high
Yes, our school wishes to sign up for the pre-p prior to Interscholastic League playoffs. The c	layoff practice scrimmage to be held in the weeks ost is \$18/player or \$68/team.
☐ We are unsure about our participation and would like to get more information.[Return ASAP if checked] Information request: ☐ Both ☐ Chess ☐ ACB	
Middle School	
ACB Coach #1(if known)	School Phone()
ACB Coach #2(if known)	School Phone()
Chess Coach (if known) If you have not yet identified any coaches/advisors, please provide	School Phone() the name of a contact below. Otherwise, leave that blank.
Contact Person:	School Phone()
Did your school play ACB last year? Yes	No
Did your school play chess last year? Yes	No If yes, in a MS or HS league (circle one)
We wish to be billed immediately and take the 'early pay' discount. Yes No	
Signature of principal	Please submit to:
For billing only: Contact for invoicing:	CYPRAS, Inc. 221 Norris Dr., Suite 2 Rochester, NY 14610
Address:	(585)-473-0864 Fax (585)-563-6745

Scanned forms may also be submitted as a pdf file. E-mail the completed form to: nyacb1@gmail.com

REQUESTED RETURN DEADLINE: Friday, October 24, 2025

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