

Academic Challenge Bowl/MS Chess — 2025-2026 — Confirmation/Registration Form

[NOTE: **THIS IS NOT A BILL**; invoices will be generated separately once discounts are processed.]

Check one of following:

- ☐ We wish to have our payment processed by CYPRAS. BOCES aid would not apply but discounts for signing up for multiple services are available.
- ☐ We wish to have our payment processed by the Erie 1 BOCES. We understand that there will be cross-contract fees for non-component districts and CYPRAS discounts would not apply.

Check all appropriate boxes below:

- ☐ Yes, our school wishes to participate in the 2025-2026 Academic Challenge Bowl program. We understand the cost to be \$525/middle school.
- ☐ Yes, our school wishes to participate in the 2025-2026 Interscholastic Chess League.
- Check one following:
- ☐ Yes, our school wishes to participate in the 2025-2026 Interscholastic Chess League in a middle school league. We understand the cost to be \$234/middle school.
- ☐ Yes, our school wishes to participate in the 2025-2026 Interscholastic Chess League in a high school league. We understand the cost to be \$381/middle school.
- ☐ Yes, our school wishes to sign up for the pre-playoff practice scrimmage to be held in the weeks prior to Interscholastic League playoffs. The cost is \$18/player or \$38/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(____)_____

Chess Coach (if known)_____ School Phone(____)_____

If you have not yet identified any coaches/advisors, please provide 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)

Signature of principal

For billing only:

Contact for invoicing: _____

Address: _____

Email: _____

Please submit 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: 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 mailed separately..