

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 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 an in-season tutorial session. The cost will be \$125.
- ☐ 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 \$68 / team.
- ☐ We are unsure about our participation and would like to get more information.
[Return ASAP if checked] Information request: ☐ Both ☐ Chess ☐ ACB

Check one of following (if applicable):

- ☐ We participate in ACB and Chess and want our teams scheduled in concurrent leagues.
- ☐ We participate in both but wish to be scheduled in separate leagues and will submit separate prescheduling forms for each activity.

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 10, 2025

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