2019-2020 MasterMinds Registration Form

Form <u>MUST</u> be completed and returned in order for your team(s) to participate:



Shelley Viola
Arts & Enrichment Service / Capital Region BOCES
900 Watervliet-Shaker Road, Suite 102
Albany, NY 12205
FAX: (518) 464-3909

Email: shelley.viola@neric.org

DEADLINE: Friday, September 20, 2019

Check appropriate boxes:

We wish to participate at the Junior Varsity participation is a prerequisi	
☐ We wish to participate in the new Holi	day Tournaments - \$112 per team
☐ We wish to participate in the new AC !	RONYM program - \$14 per student (max. 8 players)
☐ We would like additional information of	or to schedule a demonstration on:
Please circle: MasterMinds	/ Holiday Tournaments / ACRONYM
Contact Name:	
School District:	High School:
School Address:	
School Phone:	Fax #:
Coach #1:	Phone:
Coach #1 email:	
Coach #2: (if known)	Phone:
Coach #2 email:	
	s, all non-component districts of Capital Region BOCES te Schools are subject to a 8.98% administrative fee.
ignature of Principal (REQUIRED)	Printed Name of Principal