

MasterMinds / Chess — 2025-2026 — Confirmation/Registration Form

[NOTE: **THIS IS NOT A BILL**; invoices will be generated separately once play has begun and discounts are included.]

Check all appropriate boxes below:

- ☐ **Yes, our high school will be participating in the 2025-2026 MasterMinds program. We understand the cost to be \$822/high school.**
- ☐ Yes, our high school wishes to participate in the 2025-2026 junior varsity MasterMinds program. We realize the cost to be \$377/team. We understand varsity participation is a prerequisite and understand we will not be billed if JV is somehow not available.
- ☐ Yes, our high school wishes to participate in a 2025-2026 holiday tournament. We understand the cost to be \$116/team for a one-day, two-game event. If no workable tournament dates are available, we understand we will not be billed.
- ☐ **Yes, our high school will be participating in the 2025-2026 Interscholastic Chess League. We understand the cost to be \$381/high 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 \$68/team.

Check one of following (if applicable):

- ☐ We participate in MasterMinds 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.
- ☐ **We are unsure about our participation and would like to get more information.**
[Return ASAP if checked] Information request: ☐ Both ☐ Chess ☐ MasterMinds

School _____ MasterMinds coach (if known) _____

MasterMinds coach's e-mail: _____

Chess coach (if known) _____

Chess coach's e-mail: _____

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 MasterMinds last year? Yes _____ No _____

Did your school play Chess last year? Yes _____ No _____

We wish to be billed immediately and take the 'early pay' discount. Yes _____ No _____

Signature of principal

For billing only:

Contact for invoicing: _____

Address: _____

Email: _____

Please submit to:

CYPRAS, Inc.

221 Norris Dr., Suite 2

Rochester, NY 14610

Fax Number: (585)-563-6745

Scanned forms may also be submitted as a pdf file. E-mail to: masterminds@nymasterminds.com

REQUESTED RETURN DEADLINE: Friday, September 19, 2025

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