

## 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 one of following:

- ☐ We wish to have our payment processed by CYPRAS. BOCES aid would not apply but discounts for signing up for multiple programs/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 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.
- ☐ **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 \_\_\_\_\_

\_\_\_\_\_  
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.