2016-2017 MasterMinds Registration Form



MUST be signed and returned via mail, email or fax to:

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 30, 2016

(we must have in order for your team(s) to participate)

Check appropriate boxes:

Check appropriate boxes.	
Yes, our High School will be participating in the Varsity MasterMinds. We understand the cost is \$722 per team.	
Yes, our High School will be participate the cost is \$315 per team. [NOTE: Va	ting in the Junior Varsity MasterMinds. We understand arsity participation is a prerequisite.]
☐ Please contact our school about schedu	lling a demonstration.
☐ Please send additional information abo	out MasterMinds to:
Contact Name:	
School District:	High School:
School Address:	
BOCES Affiliation:	
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 7.46% administrative fee.
Signature of Principal (REQUIRED)	Printed Name of Principal