TO REGISTER WITH CYPRAS

MasterMinds / Chess — 2023-2024 — Confirmation/Registration Form

[N	OTE: THIS IS NOT A BILL; invoices will be generated separately once play has begun and discounts are included.]
	all appropriate boxes below:
	Yes, our high school will be participating in the 2023-2024 MasterMinds program. We understand the cost to be \$794/high school.
r	Yes, our high school wishes to participate in the 2023-2024 junior varsity MasterMinds program. We realize the cost to be \$360/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 2023-2024 holiday tournament. We understand the cost to be \$110/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 wishes to participate in the 2024 ACRONYM pop culture quiz bowl event in March. We understand the cost to be \$16/player, with a limit of 8 players. We understand we will be billed separately for this event. If we don't field any players, we will not be billed.
	, our high school will be participating in the 2023-2024 Interscholastic Chess League. understand the cost to be \$363/high school.
	Yes, our school wishes to sign up for an in-season tutorial session. We understand the cost to be \$95.
	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 \$16/player or \$60/team.
	e of following (if applicable): Ne participate in MasterMinds and Chess and want our teams scheduled in concurrent leagues. Ne 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: Doth Dotess MasterMinds
School_	MasterMinds coach (if known)
Masterl	Minds coach's e-mail:
Chess c	oach (if known)
	oach's e-mail: re not yet identified any coaches/advisors, please provide the name of a contact below.
Contact	t Person: School Phone()
Did you	ır school play MasterMinds last year? Yes No
Did you	ır school play Chess last year? Yes No
We wis	h to be billed immediately and take the 'early pay' discount. Yes No
	Signature of principalPlease mail or fax to: CYPRAS, Inc.
Contact fo	pr invoicing: 221 Norris Dr., Suite 2 Rochester NY 14610
	or invoicing: Rochester, NY 14610 Fax Number: (585)-563-6745
Sc	anned forms may also be submitted as a pdf file. E-mail to: nymasterminds@gmail.com

REQUESTED RETURN DEADLINE: Friday, October 6, 2023

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