

SECTION VII COMBINING OF TEAMS APPLICATION

- A. Completed by EACH school involved in the sport
- B. Reviewed and approved by the Athletic Conference(s) involved
- C. Submitted for approval to the Section VII Athletic Council after "A" & "B" have been completed and prior to the beginning of that sport season.
- D. Submitted directly to the Section VII Athletic Council only if the activity DOES NOT involve conference play

PART I

School: _____

Address: _____

_____ **Zip:** _____

Other Schools Involved: _____

Sport to be Combined: _____

BEDS ENROLLMENT NUMBER OF THIS SCHOOL: _____

BEDS ENROLLMENT NUMBER OF OTHER SCHOOLS INVOLVED: _____

TOTAL ENROLLMENT: _____

Conditions, which prompted your school to file for a merger (Please do not use continuation as a condition.):

List the number of students from your school that participated in this sport. Use zero (0) if your school has not sponsored the activity in the past.

	DATES	9	10	GRADES 11	12
LAST SCHOOL YEAR	_____	_____	_____	_____	_____
CURRENT SCHOOL YEAR	_____	_____	_____	_____	_____

What will be the name of the combined team? _____

Where will practices be held? _____

Where will home competitions be held? _____

Which school will be responsible for administering the program?

Name of Athletic Director responsible for administering the program:

NAME	SCHOOL
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Other information, which may assist in reaching a decision on this application:

SIGNATURES:

SUPERINTENDENT OF SCHOOLS: _____

BOARD OF EDUCATION PRESIDENT: _____

ATHLETIC DIRECTOR: _____

DATE OF APPLICATION: _____



PLEASE FORWARD THIS FORM TO THE EXECUTIVE OFFICER OF THE LEAGUE IN WHICH THE PROPOSED MERGER TEAM WILL PARTICIPATE FOR ACTION.

PART II – LEAGUE ACTION

NAME OF LEAGUE

This request for cooperative sponsorship is (approved / not approved).

Vote of member schools: YES: _____ NO : _____ ABSTAIN: _____

SIGNATURE OF EXECUTIVE SECRETARY: _____

DATE: _____

If the request is approved:

LEAGUE EXECUTIVE OFFICER: PLEASE FORWARD THIS FORM TO THE SECTION VII OFFICE

If the request is not approved:

LEAGUE EXECUTIVE OFFICER: PLEASE RETURN THIS FORM TO THE ATHLETIC ADMINISTRATOR OR SUPERINTENDENT OF THE SCHOOL INVOLVED AT THE ADDRESS INDICATED IN PART ONE OF THIS FORM WITH AN ATTACHED LIST OF REASONS . THANK YOU.

PART III – ACTION OF THE SECTION VII ATHLETIC COUNCIL

The above request for cooperative sponsorship is (approved / not approved) for the sport of _____ for the school year of _____.

CLASSIFICATION OF THE MERGED TEAM:

Signature of Section VII President: _____ **Date:** _____

If not approved, reason (s):

