

APPLICATION FOR COMBINED COOPERATIVE PROGRAM

This application form must be completed by each school involved in the cooperative agreement and approved by the school district board of trustees and the I.H.S.A.A district board of control before the IHSA Board of Directors will consider the application. A separate application must be submitted for each activity.

Upon approval from the school district board of trustees and District 1 Board of Control:

Please submit to: Idaho High School Activities Association
 P.O. Box 4667
 Boise, ID 83711

1. Name of applying school: _____

2. Address of applicant: _____

3. Other school(s) involved in this application: _____

4. Activity covered by this application: _____

5. Please describe conditions which have prompted your request to co-sponsor this activity:

6. Please list the number of students in this school that have participated in this activity during each year indicated below. If the school did not sponsor the activity during any of the years listed, please respond "did not sponsor".

| | 12 | 11 | 10 | 9 | 8 | 7 |
|-----------------------------------|-----------|-----------|-----------|----------|----------|----------|
| Last school year | _____ | _____ | _____ | _____ | _____ | _____ |
| Current school year | _____ | _____ | _____ | _____ | _____ | _____ |
| Anticipated next year | _____ | _____ | _____ | _____ | _____ | _____ |
| Anticipated two years hence | _____ | _____ | _____ | _____ | _____ | _____ |
| 7. Total school enrollment | 12 | 11 | 10 | 9 | 8 | 7 |
| Last school year | _____ | _____ | _____ | _____ | _____ | _____ |
| Current school year | _____ | _____ | _____ | _____ | _____ | _____ |
| Anticipated next year | _____ | _____ | _____ | _____ | _____ | _____ |
| Anticipated two years hence | _____ | _____ | _____ | _____ | _____ | _____ |

This application is for school years: 20 ____ - 20 ____; 20 ____ - 20 ____; 20 ____ - 20 ____
 (must be for a full three-year period)

8. Under cooperative sponsorship, what will be the identity of the team?

9. Where will practices or rehearsals be held? _____

10. Where will competition for the activity be held? _____

11. Indicate the date and place where the school board meeting was held where they approved the filing of this application.

Date: _____ Place: _____

12. Please include in the space provided an exact copy of the above motion as it appears or will appear in the official school board minutes:

13. Other information that may assist the IHSAA Board of Directors in reaching their decision on this application:

14. A letter of approval from the District Board of Control must be included with the application.

15. Official approval: _____ Date of Application: _____

School Board President _____

School Board Clerk _____

School Superintendent _____

OFFICIAL ACTION OF IHSAA BOARD OF DIRECTORS

The above request for cooperative sponsorship is hereby granted ~~refused~~ (cross out one) for the activity of _____

for school years: 20 ____ - 20 ____; 20 ____ - 20 ____; 20 ____ - 20 ____ .

By: _____
(Authorized Signature)

Date: _____