

SIJHSAA CO-OP TEAM APPLICATION

*Application Deadline: August 1 – Baseball, Softball, Girls & Boys Cross Country
October 1 – All other sports*

SCHOOL YEARS(2): _____ - _____ & _____ - _____

SPORT(s) : _____

NAME OF CO-OP TEAM: _____

HOST SCHOOL FOR THE CO-OP: _____

SCHOOL'S WISHING TO FORM THE COOPERATIVE TEAM:(Must be SIJHSAA members)

School A.	_____	K-8 Enrollment	_____
School B.	_____	K-8 Enrollment	_____
School C.	_____	K-8 Enrollment	_____
School D.	_____	K-8 Enrollment	_____

REASONS FOR FORMATION OF A CO-OPERATIVE TEAM

EACH SCHOOL'S EXPECTED NUMBER OF PARTICIPANTS:

School A.	_____	without co-op	_____	with co-op	_____
School B.	_____	without co-op	_____	with co-op	_____
School C.	_____	without co-op	_____	with co-op	_____
School D.	_____	without co-op	_____	with co-op	_____

AUTHORIZING SIGNATURES

SUPERINTENDENTS

SCHOOL BOARD PRESIDENTS

A. _____
B. _____
C. _____
D. _____

**ATTACH A LETTER OF APPROVAL FROM EACH CONFERENCE THE MEMBERS BELONG TO.
IN THE EVENT ANY OR ALL DO NOT BELONG TO A CONFERENCE: ATTACH LETTERS
OF APPROVAL FROM A MAJORITY OF THE TEAMS ON YOUR SCHEDULE(S).**

ATTACH A COPY OF THE INTERSCHOOL AGREEMENT FOR THIS CO-OP.

SIJHSAA OFFICIAL ACTION

The above cooperative application: ***IS APPROVED.*** ***IS REJECTED AT THIS TIME.***

THE COOPERATIVE WILL COMPETE IN: **CLASS S** **CLASS M** **CLASS L**

THE CO-OP'S K-8 ENROLLMENT IS: _____

EXPIRATION DATE OF THE CONTRACT: **June 30,** _____.

(SIJHSAA signature and date of approval or rejection)

NOTE: All members of co-ops are to pay the full payment for their own school's membership fees