

SECTION V COMBINED TEAMS APPLICATION

To take effect for the _____ school year.

Sport: _____ Level: Var. _____
JV _____
Gender: M F Mod. A _____
Mod. B _____

Requesting school(s): _____ Host school: _____

Current total (9-11) enrollment of
requesting and host schools: _____

1) Describe the reason for this request and any history which will help demonstrate need. Schools must include within this description their program records and participation rosters for a minimum of two years by sport level.

2) Who will coach the team(s) and years experience:

Var. _____, JV _____

Mod. (A) _____, Mod. (B) _____

3) What name will the team(s) use:

Var. _____, JV _____

Mod. (A) _____, Mod. (B) _____

4) This is a: _____ new request; _____ Extension, how many years requested? _____

Signature of the Requesting Superintendent(s)/AD's:

Signature of the host Superintendent & AD:

(Superintendent) (AD)

(Superintendent) (AD)

(Superintendent) (AD)

(Host School Principal)

(Superintendent) (AD)

Submittal date: _____

League Action

_____ Approved

_____ Denied

Recommendations:

Date: _____

Signed: _____

Section Action

_____ Approved

_____ Denied

Recommendations:

Date: _____

Signed: _____