

**Executive Director Signature:** 

## APPLICATION FOR COOPERATIVE TEAM SPONSORSHIP

Date:

DATE:	PAID TO THE IESA ANNUALLY E	BY <u>EACH</u> SCHOOL IN THE (	OR THE CO-OP ACTIVITY MUST BE CO-OP BY THE ENTRY DEADLINE. BY THE SUBMISSION DEADLINE.
1 This application is for a	cooperative team sponsorship	n in	
1. This application is for a	cooperative team sponsorsing	Activity	
for the	and sch	ool years.	
Starting School Year Ending School Year			
SCHOOL	CITY	SCHOOL	CITY
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2. The following rationale underlies our desire for cooperative team sponsorship:			
3. The school serving as host is:			
The team will conduct practices and hold home contests at (name of school(s)):  4. Attach a copy of the interschool agreement for this cooperative team, formerly adopted by the boards of education for the			
4. Attach a copy of the interschool agreement for this cooperative team, formerly adopted by the boards of education for the			
participating schools for the and school years, detailing your agreement in respect to			
insurance, coaching personnel and compensation, liability, facilities, equipment, etc. It must indicate procedures are established for checking on student eligibility and complying with all IESA By-Laws. Local policies which will be implemented in respect to			
training rules, academic standards, etc., must be agreed upon. (A copy of this agreement must accompany each request.)			
5. This form certifies formation of this cooperative team will not reduce participation opportunities for any of the involved schools.			
6. The following signatures certify approval of this cooperative team by formal vote of the boards of education and administrators			
of all schools involved in the cooperative.			
7. If any school involved in this cooperative team is a member of a conference, please include a sheet verifying that the conference approves the formation of this cooperative team. If all schools involved in this cooperative team are not a member of a			
conference, please include letters with the signatures of five principals from schools listed on your team's schedule who			
approve the formation of this cooperative team.			
8. All schools involved in the co-op MUST pay the entry fee(s) for the activity.			
School Name	Board Preside	ent Signature A	Administrator Signature
IESA OFFICE USE ONLY			
signalization for formation of a good orative team IS quanted for the			
nis application for formation of a cooperative team IS granted for the & school years.			