



APPLICATION FOR COOPERATIVE TEAM SPONSORSHIP

DATE: []

NOTE: ALL SCHOOLS MUST BE IESA MEMBERS, AND THE SIGNED APPLICATION FORM MUST BE RECEIVED BY SUBMISSION DEADLINE.

1. This application is for a cooperative team sponsorship in [] Activity for the [] Starting School Year and [] Ending School Year school years.

SCHOOL	CITY	SCHOOL	CITY
[]	[]	[]	[]
[]	[]	[]	[]
[]	[]	[]	[]

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 [] 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. Only the host pays the activity entry fee(s) for Bowling, Golf, or Speech. (Note: This ONLY applies to agreements for these three activities, and all schools in the co-op must be IESA members (requiring annual membership dues to be paid) each year of the co-op.)

School Name	Board President Signature	Administrator Signature
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]

IESA OFFICE USE ONLY

This application for formation of a cooperative team IS granted for the [] & [] school years.

Executive Director Signature: []

Date: []