



Application for Cooperative Team Sponsorship

For New Cooperative Teams Only

Deadlines for submission of applications:
Aug. 1=Fall sports/activities; Oct. 1=Winter sports/activities; Feb. 1=Spring sports/activities

A separate application MUST be completed and submitted for each boys' athletic team, each girls' athletic team, and each activity.

For criteria under which cooperative teams may be formed, refer to Section 2.030 of the By-laws and Section 26 of the Administrative Procedures, Guidelines and Policies Section in the IHSA Handbook with Illustrations.

1. This application is for cooperative sponsorship of a team for the school terms of _____ and _____. (e.g. 2017-18 & 2018-19)

(Specify Gender of Team)

(Sport/Activity)

(Cooperative Team Conference)

2. This application must include the following:

- **letters from the presidents of ALL conferences** of which each school in this cooperative are members for **ANY** sport/activity, certifying that this cooperative team has been approved by the conferences
- a letter from the president of the conference of which this cooperative team will be a member during the co-op, certifying that this cooperative team has been approved for participation in the conference. If this cooperative team will **not** participate in a conference, attach letters approving the cooperative team from seven (7) schools on its upcoming schedule.
- a signed copy of the intergovernmental agreement of this cooperative team, formally adopted by the boards of education of the participating schools for the school terms listed above, detailing your agreement in respect to insurance, coaching personnel and compensation, liability, facilities, equipment, etc. It must indicate that procedures are established for checking on student eligibility and complying with all IHSA By-Laws. Local policies which will be implemented in respect to training rules, academic standards, etc., must be agreed upon. (Copy of the intergovernmental agreement must accompany each request.)

3. NAME OF SCHOOLS	CITY	ALL CONFERENCE AFFILIATIONS OF EACH SCHOOL IN COOPERATIVE	ENROLLMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. The following rationale underlies our desire for cooperative team sponsorship:

5. The number of students participating in this sport/activity at each cooperating school, and the number expected to participate in this sport/activity under the cooperative agreement is:

SCHOOL	NO. OF STUDENTS WHO PARTICIPATED IN PREVIOUS YEAR	NO. OF STUDENTS EXPECTED TO PARTICIPATION CO-OP
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Host school: _____ Contact person: _____
 Team school name: _____ Team nickname: _____
 Practices to be held at: _____ Home contests to be held at: _____

7. The following signatures certify that formation of this cooperative team will not reduce participation opportunities for students in any of the cooperating schools and has been approved by formal vote of the boards of education and administrations of all schools in the cooperative.

SCHOOLS	BOARD PRESIDENTS' SIGNATURES	PRINCIPALS' SIGNATURES
_____	_____	_____
_____	_____	_____
_____	_____	_____

Official IHSA Action

The above application for cooperative team sponsorship IS IS NOT granted for the _____ - _____ school terms.

(Date)

Authorized IHSA Administrator