

SIJHSAA Co-op Team Application

Application Deadline is July 1st

Schools wishing to form the cooperative team (Must be SIJHSAA members):

_____ (School A) _____ (K-8 Enrollment)

_____ (School B) _____ (K-8 Enrollment)

For School Years (2): _____ - _____ & _____ - _____

Name of Co-op Team: _____

List the sports that will be involved in the co-op and which school will be the sponsoring or host school.

Sport	Host School	Expected Participants without co-op		Participants with co-op	
		School A	School B	School A	School B

Authorizing Signatures:

School A: _____

_____ (Administrator) _____ (Board President)

School B: _____

_____ (Administrator) _____ (Board President)

Attach a letter of approval from each conference the members belong to.

In the event any of 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, _____

_____ **Date:** _____
(SIJHSAA signature and date of approval or rejection)

*Mail to: Greg Hale / Director – 3887 Pick Road – Pinckneyville, IL 62274

**All members of co-ops are to pay the full payment for their own school's membership dues and sports fees.