

APPLICATION FOR COOPERATIVE SPONSORSHIP OF AN ACTIVITY

Please submit to: North Dakota High School Activities Association
PO Box 817, Valley City, ND 58072

This application form must be **completed** by each school involved in the cooperative agreement before the NDHSAA Board of Directors will consider the application. **A separate application must be submitted for each activity.** Coop applications must be received and posted on the NDHSAA website at least two weeks prior to Board action.

1. Name of applying school: _____ Total Enrollment 9-12 _____

2. Address of applicant: _____

Other school(s) (a) _____ Total Enrollment 9-12 _____

in this coop: (b) _____ Total Enrollment 9-12 _____

(c) _____ Total Enrollment 9-12 _____ **Total #'s 1 & 2** _____

3. List activity covered by this application: _____ **And** (circle one): Girls Boys Girls & Boys

4. This co-op is for: (circle one) Grades 7-8 Grades 7-12 Grades 9-12

5. What is the **OFFICIAL name & nickname** of this co-op? _____

6. Which school is the **"host"**? (Where communications are to be sent etc.) _____

7. List the number of students in this school who have **"participated"** in this activity during each year indicated below. If the school did not sponsor the activity, please respond **"did not sponsor"**.

12 11 10 9 8 7

Last school year..... _____

Current school year _____

8. List the number of students expected to participate:

Next year..... _____

Two years hence..... _____

9. **Total school enrollment (MALE)** **12** **11** **10** **9** **8** **7**

Last school year..... _____

Current school year..... _____

Anticipated next year..... _____

Anticipated two years hence..... _____

10. **Total school enrollment (FEMALE)** **12** **11** **10** **9** **8** **7**

Last school year..... _____

Current school year..... _____

Anticipated next year..... _____

Anticipated two years hence..... _____

11. **This application is for school years:** (Minimum of 3-years) _____

12. Please describe the conditions which have prompted your request to co-sponsor this co-op _____

13. In terms of travel, is this the nearest opportunity for the students involved? _____

14. Is the reason for this co-op competition or participation? _____

15. Will this co-op displace students in your school who are currently participating? _____

16. How will other schools be affected? _____

17. Date of application _____

School Board President _____ Date of Board Approval _____

School Superintendent _____

18. Other information that may assist the NDHSAA Board of Directors in reaching its decision on this application. _____

OFFICIAL ACTION BY THE NDHSAA BOARD OF DIRECTORS

The above request for cooperative sponsorship is hereby

APPROVED _____ **DENIED** _____

By _____

Date _____