

COOPERATIVE SCHOOL/JOINT PARTICIPATION PROGRAMS APPLICATION

Cooperative school programs are defined as a union of two or more schools. Cooperative school programs may be approved by the Executive Director and/or the Board of Directors when a request is received in a timely manner. Schools are encouraged to consult with the Executive Director as how to best submit a request.

Joint Participation Programs allows students from a 1A or 2A schools to participate on another member schools team. Request must be submitted to the Executive Director in a timely manner.

For guidelines and specific conditions of Cooperative and Joint Participation Programs see ASAA Bylaws Article 7, Section 11

These schools request permission to form a cooperative team.

School #1 <input style="width: 90%;" type="text"/>	Enrollment <input style="width: 90%;" type="text"/>	Class <input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A
School #2 <input style="width: 90%;" type="text"/>	Enrollment <input style="width: 90%;" type="text"/>	Class <input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A
School #3 <input style="width: 90%;" type="text"/>	Enrollment <input style="width: 90%;" type="text"/>	Class <input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A
School #4 <input style="width: 90%;" type="text"/>	Enrollment <input style="width: 90%;" type="text"/>	Class <input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A

Cooperative teams may be formed in the following sports. Mark the sport and gender in which the above schools wish to form a cooperative team.

<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Football	<input type="checkbox"/> Hockey	<input type="checkbox"/> Soccer	<input type="checkbox"/> Boys
<input type="checkbox"/> Softball	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Mix Six Volleyball	<input type="checkbox"/> Other _____		<input type="checkbox"/> Girls

The administrators of each school have read and understand ASAA Bylaw Article 7, Section 9, subsections B and C, and wish to form a cooperative team under these guidelines.

School #1 Administrator's Name <input style="width: 90%;" type="text"/>	School #1 Administrator's Signature <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>
School #2 Administrator's Name <input style="width: 90%;" type="text"/>	School #2 Administrator's Signature <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>
School #3 Administrator's Name <input style="width: 90%;" type="text"/>	School #3 Administrator's Signature <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>
School #4 Administrator's Name <input style="width: 90%;" type="text"/>	School #4 Administrator's Signature <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>

FOR OFFICE USE ONLY

Executive Director's Signature: _____ **Date** _____

Decision <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	Comments <input style="width: 90%; height: 40px;" type="text"/>
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ALASKA SCHOOL ACTIVITIES ASSOCIATION
Scan and email this form to office@asaa.org or fax to 907-561-0720