

Section 10 Athletics

COMBINED TEAMS APPLICATION

1. Describe the reason(s) for this request and any history that will help demonstrate need:

TO PROVIDE A VARSITY SOCCER
EXPERIENCE FOR OUR GIRLS

2. List all schools considered: Indicate their anticipated number of participants and league record for the previous year.

HOST SCHOOL	BEDs # (9-11 only)	Current # of Players	Total # of Players Last Season
<u>E-K</u>			
REQUESTING SCHOOL	BEDs # (9-11 only)	Current # of Players	Total # of Players Last Season
<u>C-F</u>	<u>75</u>	<u>6</u>	<u>13</u>

Original Team Classification/Division

Classification/Division With Combined School(s)

CLASS-D

CLASS-D

3. What name will the team use? E-K

4. Which Athletic Director is responsible for the team? E-K

What, if any, are the financial obligations to the host school? NONE

What, if any, are the financial obligations of the requesting school? NONE

NOTE: Financial obligations, if any, will be paid directly by the school or a school organization.

5. Which school will be responsible for awards? E-K

Which school will be responsible for practice and game transportation? E-K

Which school will be responsible for the coach? E-K

6. Which facility will be used for practices and contests? E-K

7. Do the schools involved participate in the Advanced Placement Process? If one or more do not, please explain procedure to be used. (use back of form)

The following schools: 1. C-F 2. E-K
3. _____ 4. _____

have agreed, with the Board of Education approval, to combine in the sport of:

GIRLS SOCCER at the VAR Level, during the 2019-2020 school year.

(Boys only, Girls only) (Both)

(MOD, JV, VAR)

Signature of the Requesting Superintendent*

Date

Signature of the Host Superintendent

Date