## SECTION X COMBINED TEAMS APPLICATION

1. Describe the reason for this request and any history that will help demonstrate need: EK does not have enough participation to field a modified/ J.V. volleyball team. 2. List all schools considered: Indicate their anticipated number of participants and league record for the previous year. EK wishes to merge with Clifton-Fine in the sport of modified/ J.V.volleyball. School (BED'S #9-11 ONLY) NO. OF PARTICIPANTS PREVIOUS LEAGUE RECORD Original team classification/division classification/division with merging school(s) D-West 3. What name will the team use \_\_\_\_C.F. 4. Which Athletic Director is responsible for the team? \_\_\_\_\_C.F. What, if any, are the financial obligations to the host? none What, if any, are the financial obligations of the requesting school? \_\_none NOTE: Financial obligations, will be paid directly by the individuals participating. 5. Which school will be responsible for awards? <u>C.F.</u> Which school will be responsible for practice and game transportation\_\_\_\_\_\_C.F. Which school will be responsible for coach <u>C.F.</u> 6. Which facility will be used for practices and contests? <u>C.F.</u> 7. Do the schools involved participate in the selective classification program? If one or more do not, please explain procedure to be used (use back of form). yes The following schools: 1.\_\_\_Edwards-Knox\_\_\_\_2.\_\_\_\_3.\_\_\_\_4.\_\_\_ have agreed, with Board of Education Approval, to combine in the sport of: Girls volleyball at the Modified/J.V levels, during the 2019-20 school year. Signature of Requesting Superintendent\* Date Signature of the Host Superintendent Date

<sup>\*</sup>Photocopies accepted