

Section 10 Athletics

COMBINED TEAMS APPLICATION

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

PROVIDE A COMPETITIVE CHEERLEADING
EXPERIENCE FOR OUR STUDENT
ATHLETES.

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>KNOX</u> <u>EDWARDS</u>			
REQUESTING SCHOOL	BEDs # (9-11 only)	Current # of Players	Total # of Players Last Season
<u>CLIFTON</u> <u>FINE</u>	<u>80</u>		

Original Team Classification/Division

CLASS - D

Classification/Division With Combined School(s)

CLASS - D

3. What name will the team use? EDWARDS - KNOX

4. Which Athletic Director is responsible for the team? EDWARDS - KNOX

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? EDWARDS - KNOX

Which school will be responsible for game/contest transportation? EDWARDS - KNOX

Which school will be responsible for the coach? EDWARDS - KNOX

6. Which facility will be used for practices and contests? EDWARDS - KNOX

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) YES

The following schools: 1. CLIFTON - FINE 2. EDWARDS - KNOX
3. _____ 4. _____

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

BOTH at the ALL LEVELS Level, during the 2022 - 23 school year.
(Boys only, Girls only) (Both) (MOD, JV, VAR)

X _____
Signature of the Requesting Superintendent*

5/16/22
Date

Signature of the Host Superintendent

Date