

Section 10 Athletics

COMBINED TEAMS APPLICATION

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

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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
CLIFTON - FINE	80	10	10
REQUESTING SCHOOL	BEDs # (9-11 only)	Current # of Players	Total # of Players Last Season
EDWARDS - KNOX			

Original Team Classification/Division: CLASS - D      Classification/Division With Combined School(s): CLASS - D

3. What name will the team use? CLIFTON - FINE

4. Which Athletic Director is responsible for the team? CLIFTON - FINE

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? CLIFTON - FINE

Which school will be responsible for game/contest transportation? CLIFTON - FINE

Which school will be responsible for the coach? CLIFTON - FINE

6. Which facility will be used for practices and contests? CLIFTON - FINE

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

Signature of the Requesting Superintendent\* [Signature]

Date \_\_\_\_\_

Signature of the Host Superintendent [Signature]

Date 5-16-22