

Section 10 Athletics

COMBINED TEAMS APPLICATION

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

Low numbers on baseball team

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>Edwards - Knox</u>		<u>5</u>	
REQUESTING SCHOOL	BEDs # (9-11 only)	Current # of Players	Total # of Players Last Season
<u>Herman - DeKalb</u>		<u>6</u>	

Original Team Classification/Division

Classification/Division With Combined School(s)

3. What name will the team use?

Edwards - Knox

4. Which Athletic Director is responsible for the team?

EK

What, if any, are the financial obligations to the host school?

What, if any, are the financial obligations of the requesting school?

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. Herman - DeKalb

2. Edwards - Knox

3. _____

4. _____

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

Boys, only

at the

modified

Level, during the

2019

school year.

(Boys only, Girls only) (Both)

(MOD, JV, VAR)

Signature of the **Requesting** Superintendent*

Date

Signature of the **Host** Superintendent

Date