

SECTION X COMBINED TEAMS APPLICATION

1. Describe the reason for this request and any history that will help demonstrate need: EK does not offer the sport of Cross-Country in the Fall season.

2. List all schools considered: Indicate their anticipated number of participants and league record for the previous year. EK wishes to merge with Canton in the sport of Fall Cross Country at the modified, J.V. and varsity levels.

School (BED'S #9-11 ONLY)	NO. OF PARTICIPANTS	PREVIOUS LEAGUE RECORD
_____ ()	4-6	_____
_____ ()	_____	_____
_____ ()	_____	_____
_____ ()	_____	_____

Original team classification/division _____ classification/division with merging school(s) _____

3. What name will the team use Canton

4. Which Athletic Director is responsible for the team? Canton

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? Canton

Which school will be responsible for practice and game transportation Canton

Which school will be responsible for coach Canton

6. Which facility will be used for practices and contests? Canton

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: Cross - Country at the mod, J.V. and varsity levels, during the 2016-17 school year.

Signature of Requesting Superintendent*

Date

Signature of the Host Superintendent

Date

*Photocopies accepted