

Minnesota State High School League
 2100 Freeway Blvd., Brooklyn Center, MN 55430-1735
 763-560-2262, Fax: 763.569.0499

Application for Cooperative Sponsorship

Deadline: Not later than 30 days prior to the first day of practice for that sport season.
 PLEASE SEE BYLAW 403.2 (A-C) and 403.4 (A-D) (amended May 15, 2017) FOR INFORMATION REGARDING REQUIRED DOCUMENTATION AND APPLICATION PROCEDURE

The governing boards of each participating school must jointly make application for cooperative sponsorship.

On behalf of the following schools, we hereby apply for cooperative sponsorship of Boys ALPINE SKI
 beginning with the 20 24 - 20 25 school year. (activity) (boys' or girls') (Adapted-CI or PI)

List ALL schools included in the cooperative sponsorship. Attach another form if necessary.

	School	Enrollment (9-12)*	City	Administrative Region**	Competitive Section**
High School #1:	BECKER	986	BECKER	8AA	
High School #2:	ST. CLOUD OTHAUSM		ST. CLOUD		
High School #3:					
High School #4:					

*Enrollment reported to the State of Minnesota on October 1 of the previous school year.

**Current (Number and Class)

- Do any of the above schools belong to a conference in this activity?
 Yes This application must include a review and comments from the conference(s) of which the schools are members.
 No
- Do any of the above schools currently have a cooperative agreement in this activity?
 Yes An application for dissolution must be submitted for the existing agreement.
 No
- Describe the conditions which have prompted your request to co-sponsor this activity. (See model resolution at [www.mshsl.org/About MSHSL/Membership Information: A History & Model Resolution for School Boards](http://www.mshsl.org/About%20MSHSL/Membership%20Information%20A%20History%20&%20Model%20Resolution%20for%20School%20Boards))

4. List the number of students, by grade level, who participated in this activity during the previous year. If the school did not sponsor the program last year, indicate the number of students expected to participate in this cooperatively-sponsored activity this year if approved.

	7th	8th	9th	10th	11th	12th
High School #1						
High School #2						
High School #3						
High School #4						

5. Team Identification: (Indicate how cooped schools should be identified in tournament programs): BABA Airways

6. Team Colors: _____ Team Mascot: _____

7. Host School (school that will receive revenue share check): ST. CLOUD RECHA

Board of Education (or designee) School Date

Signed _____
 Signed _____
 Signed _____
 Signed _____

Official Action of the MSHSL Board of Directors

Approved Not Approved

Signature: _____ Date: _____
 MSHSL Executive Director

Application for Cooperative Sponsorship

Deadline: Not later than 30 days prior to the first day of practice for that sport season.
 PLEASE SEE BYLAW 403.2 (A-C) and 403.4 (A-D) (amended May 15, 2017) FOR INFORMATION REGARDING REQUIRED DOCUMENTATION
 AND APPLICATION PROCEDURE

The governing boards of each participating school must jointly make application for cooperative sponsorship.

On behalf of the following schools, we hereby apply for cooperative sponsorship of GIANS ALPINE SKI
 beginning with the 20 24 - 20 25 school year. (activity) (boys' or girls') (Adapted-CI or PI)

List **ALL** schools included in the cooperative sponsorship. *Attach another form if necessary.*

	School	Enrollment (9-12)*	City	Administrative Region**	Competitive Section**
High School #1:	BECKER	886	BECKER	8AA	
High School #2:	ST. CLOUD CHRISTIAN		ST. CLOUD		
High School #3:					
High School #4:					

*Enrollment reported to the State of Minnesota on October 1 of the previous school year.

**Current (Number and Class)

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 Yes This application must include a review and comments from the conference(s) of which the schools are members.
 No
- Do any of the above schools currently have a cooperative agreement in this activity?
 Yes An application for dissolution must be submitted for the existing agreement.
 No
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4. List the number of students, by grade level, who participated in this activity during the previous year. *If the school did not sponsor the program last year, indicate the number of students expected to participate in this cooperatively-sponsored activity this year if approved.*

	7th	8th	9th	10th	11th	12th
High School #1	1					
High School #2						
High School #3						
High School #4						

5. Team Identification: (Indicate how cooped schools should be identified in tournament programs): BEAKAWAYS

6. Team Colors: _____ Team Mascot: _____

7. Host School (school that will receive revenue share check): ST. CLOUD TECH

Board of Education (or designee)	School	Date
Signed _____	_____	_____
Signed _____	_____	_____
Signed _____	_____	_____
Signed _____	_____	_____

Official Action of the MSHSL Board of Directors

- Approved Not Approved

Signature: _____ Date: _____