

## Application for Cooperative Team Sponsorship

For New 2025-26 & 2026-27 Cooperative Teams Only

Deadlines for submission of applications:
Aug. 1=Fall sports/activities; Oct. 1=Winter sports/activities; Feb. 1=Spring sports/activities

## A separate application MUST be completed and submitted for each boys' athletic team, each girls' athletic team, and each activity.

For criteria under which cooperative teams may be formed, refer to Section 2.030 of the By-laws and Section 26 of the Administrative Procedures, Guidelines and Policies Section in the IHSA Handbook with Illustrations.

1.	This application is for cooperative sponsorship of a team for the two-year classification cycle covering 2025-2026 and 2026-2027 school years.				
	Specify Gender of Team – if applicable)	Wrist 1: 15 (Sport/Activity)	Sangam (Cooperative Jeam Con	-0	
_		(Sport/Activity)	(Cooperative feam Con	ference)	
2.	This application must include the following:				
	<ul> <li>letters from the presidents of ALL conferences of which each school in this cooperative are members for ANY sport/activity, certifying that this cooperative team has been approved by the conferences</li> </ul>				
	<ul> <li>a letter from the president of the conference of which this cooperative team will be a member during the co-op, certifying that this cooperative team has been approved for participation in the conference. If this cooperative team will not participate in a conference, attach letters approving the cooperative team from seven (7) schools on its upcoming schedule.</li> </ul>				
	listed above, detailing your agreement in res	pect to insurance, coaching personnel and bility and complying with all IHSA By-Laws	dopted by the boards of education of the particip d compensation, liability, facilities, equipment, etc s. Local policies which will be implemented in res st accompany each request.)	t must indicate that procedures	
3.	NAME OF SCHOOLS	CITY	ALL CONFERENCE AFFILIATIONS	Park (Ph. Ph.) a b anna ann	
J.		****	OF EACH SCHOOL IN COOPERATIVE	ENROLLMENT	
	Pleasant Plains HS	New Berlin	Sargano	402	
	New Bestin HS	New Bestin	Sangamo	<u> </u>	
				WARRANCE CONTRACTOR OF THE PROPERTY OF THE PRO	
				**************************************	
•	The following rationals Underling our dealer for occur			Marine Committee	
7.	District on the control of the contr	ofollowing rationale underlies our desire for cooperative team sponsorship:  "I casent Plains is starting. The program next year at the IV level."  To sustain the program we are seeking a coop will another school (NB)			
	PICASANT PIAIRS IS	STATTIRE THE Prog	san Kest year Di	THE STY TEVEL!	
	To sustain the progr	arn we are seeken	is a coop wi another	- School (NB)	
	that doesn't have us	15thing.			
5.	The number of students participating in this sport/ac	tivity at each cooperating school, and the	number expected to participate in this sport/activ	vity under the cooperative agreement	
	is:			D. OF STUDENTS EXPECTED	
	SCHOOL Discourse Black		PARTICIPATED IN PREVIOUS YEAR TO PARTICIPATION CO-OP		
	Pleasant Plains		2035-3036 10		
			will be the 1st		
			War Plains Las		
			wrestling + it will		
			be IV only.		
	New Berlin		Didn't participate lastyr.		
ò,	Host school: Pleasant Plains	HS	Contact person: Brent Gris	ham	
	Team school name: Pleasant Pla	ins HS	Team nickname: Cardinals		
	Practices to be held at: Pleasant	Plains HS	Home contests to be held at: Pleasa	nt Plains He	
	The following signatures certify that formation of the	is cooperative team will not reduce parti-	cipation conoctunities for students in any of the		
	proved by formal vote of the boards of education and administrations of all schools in the cooperative,				
	Pleasant Plains	BOARD PRESIDENTS SIGNATORI	ES PRINCIPALS' SIGNA'	TURES	
	New Reclin	***************************************	Nattre	Diville 12	
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			ADDRESS AND ADDRES	<u> </u>	
		**************************************		And the second of the second o	
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		Official IHSA Ac			
пe	above application for cooperative team sponsorship	IS IS NOT granted for the 2025	5-2026 and 2026-2027 classification cycle.		
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at	Θ)	Authorized IHSA	Administrator		