## 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 beginning with the 20 25 - 20 26 school year. or girls') (Adapted-Cl or PI) List ALL schools included in the cooperative sponsorship. Attach another form if necessary. School Enrollment Administrative Competitive Region\*\* Section\*\* (9-12)\*High School #1: High School #2: 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 Yes An application for dissolution must be submitted for the existing agreement. □ No 3. 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) 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 12th High School #1 High School #2 High School #3 High School #4 Team Identification: (Indicate how cooped schools should be identified in tournament programs): Team Colors: Team Mascot raribant Host School (school that will receive revenue share check): Date Board of Education (or designee) School Signed Bethlehem Signed Signed Signed Official Action of the MSHSL Board of Directors Approved ■ Not Approved

Date:

Signature:

MSHSL Executive Director

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	25 - 20 26 sch	1941 1941				vity) (boys or girls) (Ad	dapted-Cl or PI)
List ALL schools inclu	uded in the cooperative School	/e sponso	rship. Attaci Enrollment (9-12)*	h another	form if necess City	Administrativ Region**	e Competitive
High School #1:	Faribaut Ha	1 School	1735	Far	ribault	1AA	IAA
High School #2:	Beth lehem Acas	dems	115	Fas	ribault	IA	IAA
High School #3:							-
High School #4:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>		<del></del>
*Enrollment reported	to the State of Minnesota c	n October 1	of the previous	school yea	r.	**Current (Numb	er and Class)
☐ No ☐ No ☐ Do any of the about Yes An ap ☐ No ☐ No ☐ Describe the cond	ove schools belong to application must include ove schools currently plication for dissolution ditions which have propert MSHSL/Membership	a review a have a co must be su ompted yo	nd comments operative ag ubmitted for th	from the or reement e existing	in this activity? agreement. sor this activity	. (See model resolutio	
List the number o	f students, by grade last year, indicate the number	evel, who	participated	in this ac	tivity during the	previous year, If they-sponsored activity this	year if approved.
High School #1	7th	8th	9t	3	10th	11th	12th
High School #2	<del>                                     </del>	- 2		<del>-,  </del>			
High School #3		- '—					
High School #4	-		-	-			
		TS:					
~ ~.	n: (Indicate how cooped s	1	lid be identified	in tourname	ent programs):		
tariban	It Emerale	13		<i>"</i>			
	breen Whi	e	2 82		Team Masco	/	
. Host School (scho	ool that will receive re	venue sha	are check): _	Far	ibault 1	tigh School	
Board of Ed	Board of Education (or designee)			School			Date
Signed							
Signed Yaulu	gned Paula Jak			hem i	9	1/11/2025	
Signed	M #W						
Signed							
	Official	Action o	f the MSHSI	_ Board	of Directors		
	□ Ар	proved		☐ Not	Approved		

Signature: \_\_\_\_ Date: MSHSI Executive Director