Section 10 Athletics

COMBINED TEAMS APPLICATION

1. _/)	Describe the reason(s) for this request and any histo	ry that will help de	monstrate need:
2.	List all schools considered: Indicate their anticipate the previous year.	ed number of partic	ipants and league record for
но	OST SCHOOL BEDs # (9-11 only)	Current # of Players	Total # of Players Last Season
RE	EQUESTING SCHOOL BEDS # (9-11 only) (AUTISTOWN 512101040001	Current # of Players	Total # of Players Last Season
Original Team Classification/Division		Classification/Division With Combined School(s)	
 What name will the team use? Which Athletic Director is responsible for the team? 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. Which school will be responsible for awards? Which school will be responsible for game/contest transportation? Which school will be responsible for the coach? Which facility will be used for practices and contests? 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) 			
Th	ne following schools: 1. <u>Ogdusburg</u> 3.	2	Unrostoun
	ve agreed, with the Board of Education approval, to c Si(1) Sulmming at the O(S) ty (Boys only, Girls only) (Both) (MOD, JV, VAR) Signature of the Requesting Superintendent*		
22.000	Signature of the Host Superintendent		Date