

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION**

**APPLICATION FOR**

**COOPERATIVE SPONSORSHIP OF ACTIVITIES**

Please submit in duplicate to: SDHSAA, P. O. Box 1217, Pierre, SD 57501

This application form must be completed by each school involved in the Cooperative Agreement before the SDHSAA Board of Directors will consider the application. A separate application must be submitted for each activity. The Board of Directors are able to exercise their discretion in approving all applications.

1. Name of applying school: \_\_\_\_\_
2. Address of applicant: \_\_\_\_\_
3. Other school(s) involved in this application: \_\_\_\_\_
4. Official Name of this Cooperative: \_\_\_\_\_
5. Head Coach of the combined program employed by \_\_\_\_\_ school.
6. Other joint program personnel, if any, shall be employed as follows:

POSITION	EMPLOYER
a. _____	_____
b. _____	_____

- 7 Activity covered by this application: \_\_\_\_\_
8. Please describe conditions which have prompted your request to co-sponsor this activity:

\_\_\_\_\_

9. Please list the number of students in your school who have participated in this activity during each year indicated below. If the school did not sponsor the activity during any of the years listed please respond "did not sponsor".

	12	11	10	9	8	7
Last school year	_____	_____	_____	_____	_____	_____
Current school year	_____	_____	_____	_____	_____	_____
Anticipated school year	_____	_____	_____	_____	_____	_____
Anticipated two years hence	_____	_____	_____	_____	_____	_____

10. Total school enrollment (MALE)

	12	11	10	9	8	7
Last school year	_____	_____	_____	_____	_____	_____
Current school year	_____	_____	_____	_____	_____	_____
Anticipated school year	_____	_____	_____	_____	_____	_____
Anticipated two years hence	_____	_____	_____	_____	_____	_____

11. Total school enrollment (FEMALE)

	12	11	10	9	8	7
Last school year	_____	_____	_____	_____	_____	_____
Current school year	_____	_____	_____	_____	_____	_____
Anticipated school year	_____	_____	_____	_____	_____	_____
Anticipated two years hence	_____	_____	_____	_____	_____	_____

12. This application is for school year: \_\_\_\_\_ - \_\_\_\_\_ and \_\_\_\_\_ - \_\_\_\_\_  
(All new football coops must be for a minimum of four (4) years.)

13. Where will practices or rehearsals be held? \_\_\_\_\_

14. Where will competition for the activity be held? \_\_\_\_\_

15. Please complete the RESOLUTION APPROVING form and attach.

16. Please complete the upper portion of the COOPERATIVE AGREEMENT OFFICIAL APPROVAL STATEMENT form and attach.

17. Please attach financial information that may assist the SDHSAA in reaching their decision on this application. Include the following:

- a. Specify method of allocating costs:
  - (1) Expenses for transportation for practices, away games, and spectator buses.
  - (2) Expenses for facilities, lights, heating, showers, etc.
  - (3) Expenses for banquets and awards.
  - (4) Expenses for scouting, coaches meetings, and workshops.
  - (5) Expenses for payment of referees and other personnel necessary to stage the event.
  - (6) Expenses for purchasing supplies and equipment.
  - (7) Expenses for salary and fringe benefits.
- b. Specify method of allocating gate receipts.

18. Would your school be able to continue offering the activity for which application is being made if a Cooperative Sponsorship were not approved? YES \_\_\_\_\_ NO \_\_\_\_\_

Signed \_\_\_\_\_  
Superintendent of Schools

Date \_\_\_\_\_

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION**

**COOPERATIVE SPONSORSHIP OF ACTIVITIES**

**RESOLUTION APPROVING FORM**

Member \_\_\_\_\_ introduced the following resolution and moved its adoption:

WHEREAS, a proposed Agreement has been negotiated and drafted regarding the cooperative sponsorship of a joint high school \_\_\_\_\_ program.  
(activity)

WHEREAS, a copy of the proposed draft is attached and incorporated by reference.

NOW, THEREFORE, BE IT RESOLVED by the School Board of \_\_\_\_\_ as follows:

1. That the attached Cooperative Sponsorship application be and hereby is approved.
2. That the School Board President and Superintendent of Schools are hereby authorized to execute the attached Cooperative Sponsorship Agreement and to make the required application to the SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION.
3. That this resolution shall be effective only upon the adoption of a similar resolution by the Governing Board or School Board of each cooperating school.

The motion for the adoption of the foregoing resolution was duly seconded by Member \_\_\_\_\_ and upon vote being taken thereon, the following voted in favor thereof:

and the following voted against the same:

whereupon said resolution was declared duly passed and adopted.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Superintendent of Schools

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION**

**COOPERATIVE AGREEMENT  
OFFICIAL APPROVAL STATEMENT**

The Board of Education has reviewed the CONDITIONS, PHILOSOPHY, and GUIDELINES relative to cooperative sponsorship of an activity. The signatures below indicate that the cooperative sponsorship for which application is made meets the CONDITIONS, PHILOSOPHY, and GUIDELINES as described.

NAME OF SCHOOL: \_\_\_\_\_

SIGNATURES:

School Board President: \_\_\_\_\_

School District Superintendent: \_\_\_\_\_

**ACTION OF THE SDHSAA**

The above request for your cooperative sponsorship is hereby **GRANTED** **REFUSED** for the activity \_\_\_\_\_ of beginning with the \_\_\_\_\_ - \_\_\_\_\_ school year.

BY \_\_\_\_\_  
Authorized Signature Date

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Please complete the APPLICATION INFORMATION form and the RESOLUTION APPROVING form and submit with the APPLICATION FOR COOPERATIVE SPONSORSHIP OF AN ACTIVITY.

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION**

**APPLICATION FOR DISSOLUTION OF  
COOPERATIVE SPONSORSHIP OF ACTIVITIES**

The governing board of at least one participating school must make application to dissolve a cooperative program previously approved.

On behalf of the following school(s), we hereby apply for dissolution of the cooperative sponsorship of \_\_\_\_\_ beginning with the \_\_\_\_\_ school year.  
(activity)

HIGH SCHOOL \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

Please state the purpose for dissolving this cooperative sponsorship.

Board of Education President	Superintendent of Schools	School Name
Signed _____	_____	_____
Signed _____	_____	_____
Signed _____	_____	_____
Signed _____	_____	_____

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**ACTION OF THE SDHSAA**

APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_

Signed \_\_\_\_\_ DATE \_\_\_\_\_  
Authorized Signature