



**2009 - 2010
COOPERATIVE SPONSORSHIP APPLICATION (SINGLE)**

WAHSET District: _____ Date of Application: _____

Sponsoring School Name: _____

Number of riders currently scheduled to participate on this team: _____

Number of riders anticipated to ride on this team (excluding cooperating school): _____

Cooperating School Name: _____

Reason for application (check all that apply):

- Cooperating School only has _____ rider(s) interested in an equestrian team.
- Cooperating School cannot obtain approval from the school for a team.
- Cooperating School in unable to obtain parental support and/or an advisor.
- Other reason - please explain: _____

Has the Cooperating School been canvassed to be sure all students interested in a school equestrian team have been contacted? Yes No

Have the Athletic Director and the Principal of the Cooperating School been advised of the student(s) desire to cooperatively participate with the team at the Sponsoring School? Yes No - If no, please explain:

Under cooperative sponsorship, the name of the team will be: _____

The Advisor for the team(s) will be: _____

Sponsoring School Approval (Principal, Athletic Director or other authorized school official)

Printed Name: _____ Signature: _____

Title: _____ Telephone Number: _____

Cooperating School Notification (Principal, Athletic Director or other authorized school official)

Printed Name: _____ Notified by: _____

Title: _____ Telephone Number: _____

WAHSET District Board of Directors Approval

Date of Meeting: _____ Recommendation to WAHSET State Board:

- Recommended - meets Cooperative Sponsorship criteria
- Not Recommended - does not meet Cooperative Sponsorship criteria

Comments: _____

Name: _____ Signature: _____ Title: _____

WAHSET State Board of Directors Approval

Date of Meeting: _____ Approved Disapproved

Comments: _____

WAHSET State Chairperson (or designee) Approval

Name: _____ Signature: _____ Title: _____