



Montana High School Association

APPLICATION FOR DISSOLUTION OF COOPERATIVE SPONSORSHIP

PLEASE USE A SEPARATE FORM FOR EACH SPORT/ACTIVITY YOU WISH TO DISSOLVE.

At least one participating school must apply to dissolve a previously approved cooperative sponsorship.

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 #1 _____

HIGH SCHOOL #2 _____

HIGH SCHOOL #3 _____

HIGH SCHOOL #4 _____

Please state the purpose for dissolving this cooperative sponsorship in the space provided below:

Required Signatures:

School #1: _____ Superintendent Date: _____

_____ Board Chair Date: _____

School #2: _____ Superintendent Date: _____

_____ Board Chair Date: _____

School #3: _____ Superintendent Date: _____

_____ Board Chair Date: _____

School #4: _____ Superintendent Date: _____

_____ Board Chair Date: _____

Date submitted: _____

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ACTION OF THE MHSA EXECUTIVE BOARD

Approved _____ Not Approved _____

Signed _____ Date _____

Authorized Signature