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: _____

ACTION OF THE MHSA EXECUTIVE DIRECTOR

Approved ____ Not Approved ____

Signed _____ Date _____
Authorized Signature