



WASHINGTON INTERSCHOLASTIC
ACTIVITIES ASSOCIATION

WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION
435 Main Ave South, Renton, WA 98057 | (425) 687-8585 | Fax (425) 687-9476
COOPERATIVE/COMBINE REQUEST FORM

ALLOCATION CYCLE: 2016-20

SCHOOL NAME	LEVEL (HS, JH, MS)	CLASSIFICATION
Sequim High School	HS	2A
Type name here	Level	Choose one
Type name here	Level	Choose one

SPORT	BOYS OR GIRLS
Gymnastics	Girls
Please submit a separate form for each program request, unless all, then write all.	COMBINE OR COOPERATIVE
	Cooperative

FOR COMBINED PROGRAM ONLY:

NEW CLASSIFICATION WILL BE:	1B <input type="checkbox"/> 2B <input type="checkbox"/> 1B/2B <input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A <input type="checkbox"/>
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MAIN ATHLETIC DIRECTOR CONTACT:

NAME	PHONE	EMAIL
HIGH SCHOOL ONLY:		
Combine School Formal Name: (To be used in State Tournament Program and League Standings. All participating schools' names must be listed.)	Type name here (Examples: School A-B or School A/B)	
League name in which the Combine program will participate in:	Type name here (Examples: School A-B or School A/B)	
Combine program fees to be covered by: This is in regards to the annual membership fee for offering the sport/activity so that both schools don't pay for offering a combined program. Questions? Contact Alli Krous: akrous@wiaa.com	<input type="checkbox"/> Split 50/50 <input type="checkbox"/> Covered by: Type school name here <input type="checkbox"/> Other: Click here to enter text	

COMBINED ENROLLMENT:	Type number here	VERIFIED BY WIAA STAFF:	
SUBMITTED BY:	Type Administrator name	SIGNATURE OF SUBMITTER:	DATE: Type date here

SIGNATURES OF APPROVAL (all signatures required before submitting to WIAA office)				
SCHOOL NAME	SCHOOL BOARD PRESIDENT SIGNATURE	DATE	LEAGUE PRESIDENT SIGNATURE	DATE
Sequim High School				
Type name here				
Type name here				
WIAA DISTRICT DIRECTOR SIGNATURE			WIAA DISTRICT	DATE

WIAA OFFICE USE ONLY			
<input type="checkbox"/> Approved for school year(s): _____	<input type="checkbox"/> Denied	<input type="checkbox"/> Decision pending. Additional information is required.	
WIAA Assistant Executive Director Signature:		Date:	