

Realignment Request Form

School_____

Date_____

Sport_____

Season_____

League_____

Division_____

Year_____

Record within League

Win/Loss record

20____ / ____

20____ / ____

20____ / ____

20____ / ____

4 year total ____/____

Overall Record

(Include Co-op)

20____ / ____

20____ / ____

20____ / ____

20____ / ____

4 year total ____/____

School Population

Boys/Girls

20____ / ____

20____ / ____

20____ / ____

20____ / ____

Size of Program

Indicate which levels were offered each of the past 4 years.

20_____ V_____ JV_____ F_____ MS_____

20_____ V_____ JV_____ F_____ MS_____

20_____ V_____ JV_____ F_____ MS_____

20_____ V_____ JV_____ F_____ MS_____

Principal_____

Athletic Director_____

Coach_____