



COMBINED PARISH ATHLETIC PROGRAM REQUEST

We request to form a combined athletic program with our cluster parish partners. It is the intent of our parishes to combine all teams at each grade level for all sports offered within the athletic program. We have completed the checklist locally and have secured the necessary approvals.

SPORT:	SEASON/YEAR:	
GRADE:	GENDER: BOYS: <input type="checkbox"/>	GIRLS: <input type="checkbox"/>
NAME OF LEAGUE:		

SCHOOLS/PARISHES INVOLVED:	

CHECKLIST:	YES	NO	N/A
The principals of all schools are in agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pastors of all parishes are in agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The athletic directors/coordinators are in agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each parish is encouraged to have representation on the athletic board. A copy of the Athletic Association Bylaws is attached.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All children in affected grade(s) have been contacted and will be allowed to participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*ANY SPECIAL CIRCUMSTANCES? PLEASE EXPLAIN:

PASTOR SIGNATURE:	PARISH:
PASTOR SIGNATURE:	PARISH:
PRINCIPAL SIGNATURE:	SCHOOL:
PRINCIPAL SIGNATURE:	SCHOOL:
ATHLETIC DIRECTOR SIGNATURE:	SCHOOL:
ATHLETIC DIRECTOR SIGNATURE:	SCHOOL:
LEAGUE APPROVAL:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

This form is to be completed annually and sent to league director prior to the start of the sport season. A copy of the form should also be sent to: Archdiocese of Milwaukee, Office for Schools, PO Box 070912, Milwaukee, WI 53207-0097