



TEAM MERGER REQUEST

This letter is to confirm our request to have an official merger of our teams because we have a shortage of players in order to participate in the _____ league. We have completed the checklist locally and have secured the necessary approvals for this merger.

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

SCHOOLS/PARISHES INVOLVED:	

CHECKLIST	YES	NO	N/A
The principals of all schools are in agreement.			
The pastors of all parishes are in agreement.			
The athletic directors/coordinators are in agreement.			
The parishes are geographically compatible.*			
All children in affected grade(s) have been contacted and will be allowed to participate.			

*ANY SPECIAL CIRCUMSTANCES? PLEASE EXPLAIN:

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

My electronic signature on this form indicates my intent to adopt the content of this form and communicate such information and consent electronically to my parish/school.

This form is to be sent to the appropriate contact person of the athletic league with which the schools/parishes are affiliated. A copy of the form should also be sent to: Brenda White, Archdiocese of Milwaukee, Office for Schools, PO Box 070912, Milwaukee, WI 53207-0097