



# Co-Op Request Form



## Name of the Associations Requesting Co-Op

#1 _____	President of Association	_____	Signature
#2 _____	President of Association	_____	Signature
#3 _____	President of Association	_____	Signature

**Age Level of Intended Co-Op** (HS, Girls 19 or Under, Midget, Girls 16 or Under, Girls 14 or Under, Bantam, Girls 12 or Under, Peewee, Girls 10 or Under, Squirt, Girls 8 or Under or Mite) \_\_\_\_\_

## Explanation of Co-Op Request:

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## Number of Players from Each Association:

<u>Association #1</u>		<u>Association #2</u>	
Division	_____	Division	_____
1st Year	_____	1st Year	_____
2nd Year	_____	2nd Year	_____

Association #3  
 Division \_\_\_\_\_  
 1st Year \_\_\_\_\_  
 2nd Year \_\_\_\_\_

Where is the co-op team going to practice/play games?  
 \_\_\_\_\_

Which club will register the co-op team? \_\_\_\_\_

<b>WAHA Use</b>			
Approved _____		Denied _____	
Region Director	_____	Date	_____
Region Director	_____	Date	_____
Region Director	_____	Date	_____

If approved, the co-op team is eligible for state tournament play. No players from outside of the approved co-op can be accepted or added to the player roster. With this approval the co-op will exist for this season only. Another request can be submitted next season.