



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 12U, PeeWee, Girls 10U, Squirt, Girls 8U or Mite) _____

Explanation of Co-Op Request:

Number of Players from Each Association:

<u>Association #1</u>		<u>Association #2</u>	
Division _____		Division _____	
1st Year _____		1st Year _____	
2nd Year _____		2nd Year _____	
<u>Association #3</u>		<u>Association #4</u>	
Division _____		Division _____	
1st Year _____		1st Year _____	
2nd Year _____		2nd Year _____	

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

Which club will register the co-op team? _____

WAHA Use	
Approved _____	Denied _____
_____	_____
Region Director Signature	Date
The above signature is done so on behalf of the following: (Names printed)	
Region Director _____	Date _____
Region Director _____	Date _____
Region Director _____	Date _____
WAHA V.P. _____	Date _____
WAHA V.P. _____	Date _____
WAHA V.P. _____	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.