



DISSOLUTION OF COOPERATIVE PROGRAM

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****PLEASE USE A SEPARATE FORM FOR EACH SPORT/PROGRAM YOU WISH TO DISSOLVE**

On behalf of the following schools, this is to notify the MHSAA of the dissolution of the cooperative program in _____ for levels: V JV F 8th 7th 6th
(Sport) Check all that apply
beginning with the 20____ - ____ school year.

Indicate Future Status

Own Team No Team New Coop

- Primary School _____
- School _____
- School _____
- School _____
- School _____
- School _____
- School _____
- School _____

Own Team	No Team	New Coop

Please state the purpose for dissolving this cooperative program in the space provided below:

School Name:	Signatures: Principal or AD	Superintendent
School _____	_____	_____
School _____	_____	_____
School _____	_____	_____
School _____	_____	_____
School _____	_____	_____
School _____	_____	_____
School _____	_____	_____
School _____	_____	_____

Date Submitted: _____ Date Returned by MHSAA: _____