



# OHIO HIGH SCHOOL ATHLETIC ASSOCIATION

Doug Ute, Executive Director

## INSTRUCTIONS FOR COMPLETING COMBINING OF MIDDLE SCHOOLS REQUEST (BYLAW 1-6-4) – 2023-24

**SUPERINTENDENTS:** Please complete this form and return it via an email attachment to, Alexis Holderman ([aholderman@ohsaa.org](mailto:aholderman@ohsaa.org)). This form must be submitted **after tryouts are concluded but prior to each sports season** if the school district wishes to combine schools for the purpose of interscholastic athletics participation. Any approval granted is for **2023-24** only.

1. Name of Requesting School District/System: \_\_\_\_\_

Sports Season:

Fall ☐

Winter ☐

Spring ☐

2. Names of Member Schools Being Combined:

1. \_\_\_\_\_

I confirm this is an OHSAA member school (circle one): Yes / No

2. \_\_\_\_\_

I confirm this is an OHSAA member school (circle one): Yes / No

3. \_\_\_\_\_

I confirm this is an OHSAA member school (circle one): Yes / No

3. Total Number of Students from Each School Involved in the Sport(s):

<u>Sport</u>	<u>School 1</u>	<u>School 2</u>	<u>School 3</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Total Number of Boys and/or Girls in Each Grade of Each School

	<u>School 1</u>	<u>School 2</u>	<u>School 3</u>
7 <sup>th</sup> Grade Boys:	_____	_____	_____
8 <sup>th</sup> Grade Boys:	_____	_____	_____
7 <sup>th</sup> Grade Girls:	_____	_____	_____
8 <sup>th</sup> Grade Girls:	_____	_____	_____

5. Sport(s) in Which the Combined Teams Will Compete:

<u>Sport</u>	<u>Number of Teams for Sport</u>
_____	_____
_____	_____
_____	_____

6. If requesting to form *more than one team* in a given sport, please provide the rationale for doing so:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. School Name Under Which the Team(s) will Compete (**MUST be Name of One of the Member Schools Represented in Combination**):

\_\_\_\_\_

8. Name and Contact Information of Principal or Administrator (If Different than Principal) Responsible for Conduct and Operation of Each Combined Team: \_\_\_\_\_

Superintendent/Superintendent Designee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Superintendent/Superintendent Designee Signature: \_\_\_\_\_

Email: \_\_\_\_\_

For Office Use Only: Approve ☐

Deny (See Attached Letter) ☐

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

Signature : \_\_\_\_\_