



Oregon High School Equestrian Teams

APPLICATION FOR COOPERATIVE SPONSORSHIP

The Cooperative Sponsorship application must be completed by the ASponsoring@ school and the ACooperating@ school prior to submitting for consideration by the Oregon High School Equestrian Teams (OHSET) State Board.

SCHOOL YEAR: _____ **DATE OF APPLICATION:** _____

OHSET DISTRICT: _____

Sponsoring School: _____

1. Number of riders currently scheduled to participate on this team: _____
2. Number of riders anticipated to ride on this team (excluding Cooperating School): _____

Cooperating School: _____

Please indicate conditions which have prompted the request to co-sponsor this activity:

- Cooperating School only has _____ rider(s) interested in an equestrian team.
- Cooperating School cannot get approval from the school for a team.
- Cooperating School is unable to obtain parental support nor an advisor.
- Other B please explain: _____

Has the Cooperating School been canvassed to be sure all students interested in school equestrian team have been contacted? YES NO

Have the Athletic Director and the Principal of the Cooperating School been advised of the student(s) desire to cooperatively participate with the team at the Sponsoring School?

YES NO B If no, please explain: _____

SCHOOL APPROVALS

Sponsoring School Approval – Principal, Athletic Director or Other Authorized School Official

Printed Name _____

Signature _____

Title _____

Telephone Number _____

Cooperating School Approval/Notification – Principal, Athletic Director or Other Authorized School Official

Printed Name _____

Signature _____

Title _____

Telephone Number _____

Upon approval by the Sponsoring and Cooperating Schools, present application at next District Board of Directors meeting for consideration. If approved, District Chair or Designee will carry application to the next OHSET State Board of Directors meeting for consideration

OHSET DISTRICT BOARD OF DIRECTORS APPROVAL

Date of District Board Meeting: _____

Recommend Application to OHSET Board: Yes No

Explanation of recommendation:

Meets Cooperative Sponsorship criteria Does not meet Cooperative Sponsorship criteria.

Explanation: _____

OHSET District Approval – District Chairperson or Designee:

Printed Name _____

Signature _____

Title _____

OHSET STATE BOARD OF DIRECTORS APPROVAL

Date of OHSET STATE Board Meeting: _____

Application approved by OHSET State Board of Directors: Yes No

Explanation of recommendation:

Meets Cooperative Sponsorship criteria Does not meet Cooperative Sponsorship criteria

Explanation, if denied: _____

OHSET State Approval – State Chairperson or Designee

Printed Name _____

Signature _____

Title _____