



# Oregon High School Equestrian Teams

## APPLICATION FOR COOPERATIVE SPONSORSHIP

The Cooperative Sponsorship application must be completed by the "Sponsoring" school and the "Cooperating" 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 - 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 - 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 \_\_\_\_\_