

In the space provided, please list the reasons for requesting this coop application:

Offer opportunity for students at BCN to continue in the sport of gymnastics. There are some girls that are currently members of the Jamestown Gymnastics Club and compete at a club level. This coop would provide them the opportunity to continue to compete in an atmosphere and people that they are already familiar with.

If approved, will this coop affect other schools: please circle: (Yes) (No) If yes, how? No

Is this the nearest opportunity for schools to coop? please circle: (Yes) (No)
If No, Please indicate why closer school(s) are not included in this application.

Has displacement of student been considered by each school? (Yes) (No)

Is the reason for this application to improve competition levels or make participation available. Explain:
See above - Participation

Other information that be useful for the NDHSAA Board of Directors in reaching a decision:
BCN was school to make first contact in order to allow their students the opportunity.

Required Signatures:

School #1: Robert Ziel Superintendent. Date: 2/19/18

School #2: Michael A Swenson Superintendent. Date: 2/21/18

School #3: _____ Superintendent. Date: _____

School #4 _____ Superintendent. Date: _____

School #5 _____ Superintendent. Date: _____

NDHSAA Board Action: _____ Signed: _____ Date: _____