

Williston Trinity Christian School 2419 - 9th Avenue West

2419 - 9th Avenue West Williston, ND 58801-3041 (701) 774-9056 Fax: (701) 774-3158

Brian Bubach Assoc. Director NDHSAA 15 March 2020

Dear Mr. Bubach;

Please accept this letter as confirmation that Williston Trinity Christian School accepts responsibility of payment of \$500 late coop fee, and per player non-compliance fees as listed in section 9.c.ii and 9.c.iii of the NDHSAA football plan guidelines.

Respectfully;

David P. Butler AD-WTCS 701774 9056 dbutler@wtcsnd.org

NDHSAA Coop Application

Please review coop guidelines prior to beginning the application process.

This single form is to be used by all schools involved in this cooperative sponsorship application. This
application will be accepted and presented to the NDHSAA Board of Directors only upon all schools
entering the required information. Each school must provide an official signature. Separate applications
must be used for gender specific athletics. Fine arts are not gender specific.

: Host sch	ool must be listed	first.
En	rollments for grad	es involved
7-8	7-12 1835	_ 9-12
7-8	7-12 65	9-12
7-8	7-12	9-12
7-8	7-12	9-12
7-8	7-12	9-12
	7-8 7-8 7-8 7-8	

Fill in the current participation numbers for each grade for each school involved: Indicate if you did not sponsor (DNS) this activity the previous year. Boys and girls enrollments are combined only for fine arts.

School #1: (7-8)	(7-12) 156	(9-12)	DNS
School #2: (7-8)	(7-12) 1)	(9-12)	DNS
School #3: (7-8)	(7-12)	(9-12)	DNS
School #4: (7-8)	(7-12)	(9-12)	DNS
School #5: (7-8)	(7-12)	(9-12)	DNS

Fill in next year's projected participation numbers for each grade for each school involved: Boys and girls enrollments may be combined for fine arts only.

School #1: (7-8)	(7-12) 155	(9-12)
School #2: (7-8)	(7-12) 10	(9-12)
School #3: (7-8)	(7-12)	(9-12)
School #4: (7-8)	(7-12)	(9-12)
School #5: (7-8)	(7-12)	(9-12)

Not enough projected students to Provide are Interested students to Severe now of team closure	the apportunity	to pl	or lacking bility
Sever nox of team closure.	shall any injury	111111111	0
owl.			
f approved, will this coop affect other schools:	please circle: (Yes) (No)	If yes, t	now?
s this the nearest opportunity for schools to conf No, Please indicate why closer school(s) are	op? please circle: (Yes) not included in this applica	(No) ation.	4
tas displacement of student been considered is the reason for this application to improve cor Pathography Aveilable	by each school? (Yes) (I	No)	tion available. Explain:
The state of the NOVE	A Board of Directors in re or feet season after 1	aching	a decision: ord included in
Other information that be useful for the NDHSA player 2 games they had to to	orfect season after 1	mjurg	ors pro-cyclin
Other information that be useful for the NDHSA player 2 gard the had to for Required Signatures:	Superintendent.	Date: _	4-29-2020
Other information that be useful for the NDHSA player a game then had to for the Required Signatures:	Superintendent.	Date: _	4-29-2020
Other information that be useful for the NDHSA player 2 gard then had to for the Required Signatures: School #1:	Superintendent. Superintendent. Superintendent.	Date: _ Date: _	4-29-2020 4/15/2020
Other information that be useful for the NDHSA player a garred Then had to for the Required Signatures: School #1:	Superintendent. Superintendent.	Date: _ Date: _	4-29-2020 4/15/2020
Other information that be useful for the NDHSA player a gares the had to for the Required Signatures: School #1:	Superintendent. Superintendent. Superintendent.	Date: _ Date: _ Date: _	4-29-2020 4/15/2020
Other information that be useful for the NDHSA player 2 gard the had to for the Required Signatures: School #1:	Superintendent. Superintendent. Superintendent. Superintendent. Superintendent.	Date: _ Date: _ Date: _	4-29-2020 4/15/2020