



TEAM MERGER REQUEST

We request to merge one or more teams due to a shortage of players. We have completed the checklist locally and have secured the necessary approvals for this merger.

SPORT:	SEASON/YEAR:	
GRADE:	GENDER: BOYS: <input type="checkbox"/>	GIRLS: <input type="checkbox"/>
NAME OF LEAGUE:		

SCHOOLS/PARISHES INVOLVED:	

CHECKLIST	YES	NO	N/A
The principals of all schools are in agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pastors of all parishes are in agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The athletic directors/coordinators are in agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The parishes are geographically compatible.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All children in affected grade(s) have been contacted and will be allowed to participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*ANY SPECIAL CIRCUMSTANCES? PLEASE EXPLAIN:

PASTOR SIGNATURE:	PARISH:
PASTOR SIGNATURE:	PARISH:
PRINCIPAL SIGNATURE:	SCHOOL:
PRINCIPAL SIGNATURE:	SCHOOL:
ATHLETIC DIRECTOR SIGNATURE:	SCHOOL:
ATHLETIC DIRECTOR SIGNATURE:	SCHOOL:
LEAGUE APPROVAL:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

This form is to be completed annually and sent to league director prior to the start of the sport season. A copy of the form should also be sent to: Archdiocese of Milwaukee, Office for Schools, PO Box 070912, Milwaukee, WI 53207-0097