

**SASKATCHEWAN HIGH SCHOOLS ATHLETIC ASSOCIATION
APPLICATION FOR RECLASSIFICATION**

SCHOOL NAME:	
ADDRESS:	
POSTAL CODE:	
PHONE:	FAX:
E-MAIL ADDRESS:	
SCHOOL DIVISION:	
SHSAA DISTRICT:	

Our school wishes to be reclassified from our current status to the following noted classification effective this coming season.

(PLEASE CIRCLE THE APPROPRIATE INFORMATION)

BOYS GIRLS

2A 3A 4A 5A

WRESTLING SOCCER BASKETBALL VOLLEYBALL X-COUNTRY CURLING

9-MAN FOOTBALL 12-MAN FOOTBALL

(Please submit one form for each sport. Boys and girls may be entered on one form.)

The undersigned are in agreement with the reclassification and understand, and agree, that such reclassification shall be for a compulsory term of three years.

	Please Print	Signature
Athletic Director:		
Principal:		
Director or Superintendent of Education:		

Date: _____

NOTE: This form must be completed and submitted on, or before, October 1st for fall activities and December 1st for winter activities.