

**APPENDIX C**  
**Request to Add an Additional Level of an Existing Sport**  
**Lockport Township High School**

1. Additional level being requested of the Sport/Club: \_\_\_\_\_

Current Head Coach: \_\_\_\_\_

2. Number of students interested in the additional level sport: \_\_\_\_\_

3. Proposed start date and frequency of practices:

\_\_\_\_\_

4. Location of sport/club practices or competitions on campus/off campus:

\_\_\_\_\_

5. Rationale for adding the sport:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Benefits of the sport: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student(s) Signature: \_\_\_\_\_

(if applicable)

\_\_\_\_\_

Head Coach Signature: \_\_\_\_\_

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**For Athletic Department Use:**

Date of initial meeting: \_\_\_\_\_

Attendees: \_\_\_\_\_  
\_\_\_\_\_

7. Membership requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Projected cost of an additional level of a sport: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Fundraising expectations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Other information for consideration: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Athletic Director Signature: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Date of Executive Administrators Council Approval: \_\_\_\_\_

Date of Board of Education Approval: \_\_\_\_\_

If not approved, date of follow up meeting between the Athletic Director and coach(es) and/or student(s):  
\_\_\_\_\_