



CONTRACT FOR ATHLETIC CONTESTS

This contract may be used in arranging non-league and tournament interscholastic athletic contests. Regular league schedules are official and binding on said league members and do not require individual contract. Please refer to Blue Book rules 150-153.

This **CONTRACT** is made and subscribed to by the principals and athletic administrators of

_____ **HUENEME** _____ High School and _____ High School
 for Boys _____ contests in _____ Wrestling _____ to be played as follows:
 (Boys' or Girls') (Name of Sport)

LEVEL	SITE	DATE	STARTING TIME
Varsity	<u>Hueneme High School</u>	<u>Jan. 11th 2025</u>	<u>9:00am</u>

REMARKS: _____

FINANCIAL ARRANGEMENTS

A. General Admission	<u>\$10.00</u>	F. Faculty Passes honored Both Schools	<u>No</u>
B. Home Students WITH ASB Cards	<u>\$7.00</u>	G. Advance Sale Permitted	<u>No</u>
C. Visiting Students WITH ASB Cards	<u>\$7.00</u>	H. Visiting Band in Uniform Admitted Free	<u>Yes</u>
D. Student (Both Schools) WITHOUT ASB Cards	<u>\$10.00</u>	With Advisor	<u>Yes</u>
E. Children Admission	<u>\$5.00</u>	I. Visiting Pep Squads Admitted Free	
		With Advisor	

ADDITIONAL FINANCIAL TERMS: \$350 entry Fee- Please make checks payable to HHS- Wrestling-
 Additional Wrestlers after a 17-man lineup \$10.00

MEDICAL RESPONSIBILITY: Bring medical kit

OTHER ARRANGEMENTS: Individual Tournament

Return to **HOST SCHOOL** by: ASAP

All contests must be played under the regulations and rulings of the California Interscholastic Federation and the Southern Section of which the contracting schools are members. These regulations and rulings are a part of this contract. Use back side of form for additional comments.

HOST SCHOOL INFORMATION	VISITING SCHOOL INFORMATION
School Name <u>Hueneme High School</u>	School Name _____
School Address <u>500 Bard Rd Oxnard 93033</u>	School Address _____
School Phone Number <u>805.385.2667</u>	School Phone Number _____
School Fax Number _____	School Fax Number _____
Host School Principal's Signature _____	Visiting School Principal's Signature _____
Host School Athletic Administrator's Signature _____	Visiting School Athletic Administrator's Signature _____
Date: _____	Date: _____
Host A.D. Email Address <u>Pablo.Gallegos@ouhsd.k12.ca.us</u>	Visiting A.D. Email Address _____
Host A.D. Cell Phone # <u>805.901.3798</u>	Visiting A.D. Cell Phone # _____

NOTE: All contracts to be valid must be signed by the principal and the athletic administrator at each school. When the principal and athletic administrator of one of the contracting schools is new to the school, he should be notified of existing contracts before the beginning of the season.

Revised 8/11

HOST SCHOOL SHOULD BE LAST TO SIGN