



CONTRACT FOR ATHLETIC CONTESTS

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

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

LEVEL	SITE	DATE	STARTING TIME
Varsity	<u>San Dimas HS Gym</u>	<u>January 6 & 7, 2023</u>	<u>9:30am (approx.)</u>
Jr. Varsity	_____	_____	_____
Soph	_____	_____	_____
Frosh	_____	_____	_____
Frosh-Soph	_____	_____	_____

REMARKS: All teams and athletes MUST PRE-REGISTER on link provided to each coach via email, text or on the forum at thecaliforniawrestler.com. We will medal top 8 in each weight class & top 5 teams.

FINANCIAL ARRANGEMENTS

A. General Admission	<u>\$8.00</u>	F. Faculty Passes honored Both Schools	<u>No</u>
B. Home Students WITH ASB Cards	<u>Free</u>	G. Advance Sale Permitted	<u>No</u>
C. Visiting Students WITH ASB Cards	<u>\$5.00</u>	H. Visiting Band in Uniform Admitted Free	
D. Student (Both Schools) WITHOUT ASB Cards	<u>\$5.00</u>	With Advisor	<u>No</u>
E. Children Admission	<u>Free</u>	I. Visiting Pep Squads Admitted Free	
		With Advisor	<u>No</u>

ADDITIONAL FINANCIAL TERMS \$350 per team (up to 14 wrestlers); \$30 per individual

MEDICAL RESPONSIBILITY: 911 will be dispatched to site when necessary. All teams are responsible for own medical coverage.

OTHER ARRANGEMENTS: Snack bar will be open and **NO OUTSIDE FOOD ALLOWED** in gym.

Return to **HOST SCHOOL** by: Friday, December 23, 2022

HOST SCHOOL INFORMATION	VISITING SCHOOL INFORMATION
School Name <u>San Dimas High</u>	School Name _____
School Address <u>800 W. Covina Blvd, San Dimas 91773</u>	School Address _____
School Phone Number <u>909.971.8230</u>	School Phone Number _____
School Fax Number <u>909.971.8239</u>	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 _____	Visiting A.D. Email Address _____
Host A.D. Cell Phone # _____	Visiting A.D. Cell Phone # _____