



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

ROSEMEAD HIGH SCHOOL High School and _____ High School
for _____ contests in CROSS COUNTRY to be played as follows:
(Boys' or Girls') (Name of Sport)

LEVEL	SITE	DATE	STARTING TIME
Elite	<u>Rosemead High school</u>	<u>9/11/2021</u>	<u>Girls 8:00pm Boys 8:30pm</u>
Senior	<u>Rosemead High school</u>	<u>9/11/2021</u>	<u>Girls 7:00pm Boys 7:30pm</u>
Junior	<u>Rosemead High school</u>	<u>9/11/2021</u>	<u>Girls 6:00pm Boys 6:30pm</u>
Sophomore	<u>Rosemead High school</u>	<u>9/11/2021</u>	<u>Girls 5:00pm Boys 5:30pm</u>
Freshmen	<u>Rosemead High school</u>	<u>9/11/2021</u>	<u>Girls 4:00pm Boys 4:30pm</u>

REMARKS: Open Race 3:15pm (No high school athletes) One free coach entry.

FINANCIAL ARRANGEMENTS

- A. General Admission \$0.00 F. Faculty Passes honored Both Schools _____
- B. Home Students WITH ASB Cards \$0.00 G. Advance Sale Permitted _____
- C. Visiting Students WITH ASB Cards \$0.00 H. Visiting Band in Uniform Admitted Free _____
- D. Student (Both Schools) WITHOUT ASB Cards \$0.00 With Advisor _____
- E. Children Admission \$0.00 I. Visiting Pep Squads Admitted Free _____
With Advisor _____

ADDITIONAL FINANCIAL TERMS: \$20 Per Individual, \$200 Max Per Gender, \$350 Max Per School

MEDICAL RESPONSIBILITY: _____

OTHER ARRANGEMENTS: _____

Return to **HOST SCHOOL** by: ASAP or 9/3/21 Deadline

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>Rosemead High School</u>	School Name _____
School Address <u>9063 EAST MISSION DR, ROSEMEAD</u>	School Address _____
School Phone Number <u>(323) 286-3141</u>	School Phone Number _____
School Fax Number <u>(626) 285-2884</u>	School Fax Number _____
School Tax ID # <u>95-8026863</u>	
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: marc.harisay@emuhsd.org	Visiting A.D. Email Address _____
Host A.D. Cell Phone # <u>(323) 365-8897</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, they should be notified of existing contracts before the beginning of the season.

Revised 3/27/19

HEAD COACH NAME/LAST: _____

HEAD COACH EMAIL ADDRESS: _____

HEAD COACH CELL PHONE # _____

FULL TEAM \$350:

FULL ONE GENDER TEAM BOYS OR GIRLS \$200 (CHECK ONE) BOYS GIRLS

INDIVIDUALS \$20 EACH NUMBER COUNT: EXACT NUMBER COUNT _____ X \$20= _____

HOST SCHOOL SHOULD BE LAST TO SIGN