



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

_____ ORANGE LUTHERAN _____ High School and _____ High School
 for _____ contests in _____ WRESTLING _____ to be played as follows:
 (Boys' or Girls') (Name of Sport)

LEVEL	SITE	DATE	STARTING TIME
Varsity	<u>OLU</u>	<u>11/23/24</u>	<u>TBD</u>
Jr. Varsity	_____	_____	_____
Soph	_____	_____	_____
Frosh	_____	_____	_____
Frosh-Soph	_____	_____	_____

REMARKS: _____

FINANCIAL ARRANGEMENTS

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

ADDITIONAL FINANCIAL TERMS: \$300 PER TEAM or \$30 PER WRESTLER

MEDICAL RESPONSIBILITY: _____

OTHER ARRANGEMENTS: _____

Return to **HOST SCHOOL** by: _____

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>ORANGE LUTHERAN</u>	School Name _____
School Address <u>2222 SANTIAGO BLVD ORANGE CA</u>	School Address _____
School Phone Number <u>714-998-5151</u>	School Phone Number _____
School Fax Number _____	School Fax Number _____
School Tax ID # _____	
Host School Principal's Signature _____	Visiting School Principal's Signature _____
Host School Athletic Administrator's Signature _____	Visiting School Athletic Administrator's Signature _____
Date: <u>5/9/24</u>	Date: _____
Host A.D. Email Address <u>KAREN.KEKIPI@LHSOC.ORG</u>	Visiting A.D. Email Address _____
Host A.D. Cell Phone # <u>805-427-4830</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

HOST SCHOOL SHOULD BE LAST TO SIGN