



## CONTRACT FOR ATHLETIC CONTESTS

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

Bishop Amat 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
Jr. Varsity	<u>Amat JV Classic</u>	<u>1/13/2024</u>	<u>10:00 AM</u>
Frosh-Soph	<u>Amat FS Classic</u>	<u>1/13/2024</u>	<u>10:00 AM</u>

REMARKS: Weigh-In 7-8 am/ Wrestle 10 am /Two separate 16-24 double elimination tournaments  
Weight allowance +1 over growth allowance i.e. 108 +1 = 109 / 115 + 1 = 116

### FINANCIAL ARRANGEMENTS

A. General Admission	<u>\$10.00</u>	F. Faculty Passes honored Both Schools	<u>Yes</u>
B. Home Students WITH ASB Cards	<u>\$4.00</u>	G. Advance Sale Permitted	<u>No</u>
C. Visiting Students WITH ASB Cards	<u>\$4.00</u>	H. Visiting Band in Uniform Admitted Free	
D. Student (Both Schools) WITHOUT ASB Cards	<u>\$6.00</u>	With Advisor	<u>No</u>
E. Children Admission-5-14	<u>\$2.00</u>	I. Visiting Pep Squads Admitted Free	
		With Advisor	<u>No</u>

ADDITIONAL FINANCIAL TERMS: \$300 per team / Two teams \$500 / 1-5 wrestlers \$40 each / 6-9 wrestlers \$30 each / 10-14 wrestlers \$300 / Extras beyond 14 wrestlers \$20 each

MEDICAL RESPONSIBILITY: Trainer on site

OTHER ARRANGEMENTS: Snack bar available/ T-Shirt sales/ Coaches hospitality room

Return to HOST SCHOOL by: ASAP

HOST SCHOOL INFORMATION	VISITING SCHOOL INFORMATION
School Name <u>Bishop Amat High School</u>	School Name _____
School Address <u>14301 Fairgrove Ave. La Puente 91746</u>	School Address _____
School Phone Number <u>626-962-2495 ext 7412 Tish -Athletic Secretary</u>	School Phone Number _____
School Fax Number <u>626-480-7441</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 # _____