



Saturday, December 7, 2024

Weigh-ins 7:00-8:00 am

Wrestling starts 9:00 am

Full Team (up to 16): \$450

Half Team: \$220

Teams of 7 and under: \$35 each

Checks made payable:

CHANNEL ISLANDS WRESTLING

Questions/concerns and confirm attendance:

Coach Richard Sierra or Patti Sierra

805.844.6544 coachrichard270@gmail.com

805.340.9293 mrssierra619@gmail.com

CHANNEL ISLANDS

1400 RAIDER WAY OXNARD 93034



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

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

CHANNEL ISLANDS 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	CIHS Gym	7-Dec-24	Weigh in's 7-8 am
Jr. Varsity	_____	_____	_____
Soph	_____	_____	_____
Frosh	_____	_____	_____
Frosh-Soph	_____	_____	_____

REMARKS: Wrestling starts 9:00 a.m. In case of emergency, 911 will be called. Athletic trainer on-site.

FINANCIAL ARRANGEMENTS

A. General Admission	\$10.00	F. Faculty Passes honored Both Schools	_____
B. Home Students WITH ASB Cards	\$5.00	G. Advance Sale Permitted	_____
C. Visiting Students WITH ASB Cards	\$5.00	H. Visiting Band in Uniform Admitted Free	_____
D. Student (Both Schools) WITHOUT ASB Cards	\$5.00	With Advisor	_____
E. Children / under 7 FREE	\$5.00	I. Visiting Pep Squads Admitted Free	_____
		With Advisor	_____

ADDITIONAL FINANCIAL TERMS: Full Team (up to 16) \$450. Half Team \$220. Teams of 7 or less, \$35 per wrestler.

MEDICAL RESPONSIBILITY: Athletic trainer on-site. Call 911

OTHER ARRANGEMENTS: _____

Return to **HOST SCHOOL** by: 2-Dec-24

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

HOST SCHOOL INFORMATION		VISITING SCHOOL INFORMATION	
School Name	<u>Channel Islands H.S.</u>	School Name	_____
School Address	<u>1400 Raider Way Oxnard 93034</u>	School Address	_____
School Phone Number	<u>805.385.2787</u>	School Phone Number	_____
School Fax Number	_____	School Fax Number	_____
School Tax ID #	_____		
Host School Principal's Signature <u>Marianne Ramos</u>		Visiting School Principal's Signature _____	
Host School Athletic Administrator's Signature <u>Phyra Prum</u>		Visiting School Athletic Administrator's Signature _____	
Date: _____		Date: _____	
Host A.D. Email Address <u>phyra.pum@oxnardunion.org</u>		Visiting A.D. Email Address _____	
Host A.D. Cell Phone # <u>805.794.3691</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

Revised 3/27/19

HOST SCHOOL SHOULD BE LAST TO SIGN