CONTRACT FOR ATHLETIC CONTESTS

This **CONTRACT** is made and subscribed to by the principals and ahtletic 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	San Dimas HS Gym	9-Dec-23	9:00 AM
Jr. Varsity			
Soph			
Frosh			
Frosh-Soph			

REMARKS: **10-Way dual team tournament. 2 pools of 5 teams, all pool placers will match up for 5th match. Team trophies to top 4 teams.**

FINANCIAL ARRANGEMENTS

A. General Admission	**$10.00**	F. Faculty Passes honored Both Schools	**No**
B. Home Students WITH ASB Cards	**Free**	G. Advance Sale Permitted	**No**
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	**No**
E. Children Admission	**Free**	I. Visiting Pep Squads Admitted Free	
		With Advisor	**No**

ADDITIONAL FINANCIAL TERMS: **$350 per team**

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: **Tuesday, December 5, 2023**

HOST SCHOOL INFORMATION		VISITING SCHOOL INFORMATION	
School Name	**San Dimas High**	School Name	
School Address	800 W. Covina Blvd, San Dimas 91773	School Address	
School Phone Number	909.971.8230	School Phone Number	
School Fax Number	909.971.8239	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 #**