



CONTRACT FOR ATHLETIC CONTESTS

This contract may be used in arranging non-league and tournament interscholastic athletic contests. Regular league are official and binding on said league members and do not require individual contract. Please refer to Blue Book rules 1

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

La Cañada 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
Varsity	<u>La Canada HS</u>	<u>Tuesday, Nov 26, 2024</u>	<u>10:</u>
Jr. Varsity	_____	_____	_____
Soph	_____	_____	_____
Frosh	_____	_____	_____
Frosh-Soph	_____	_____	_____

REMARKS: 8 way varsity Duals: \$250 per team - Hosted in the South (smaller gym)
Weigh Ins - 7:30-8:45am. NO food or ice chests allowed in facility

FINANCIAL ARRANGEMENTS

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

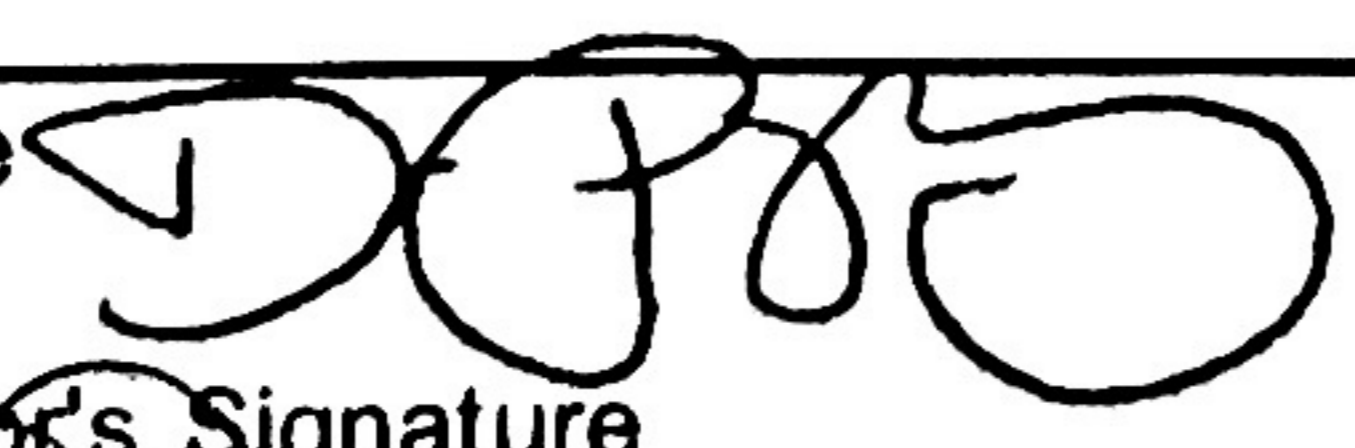
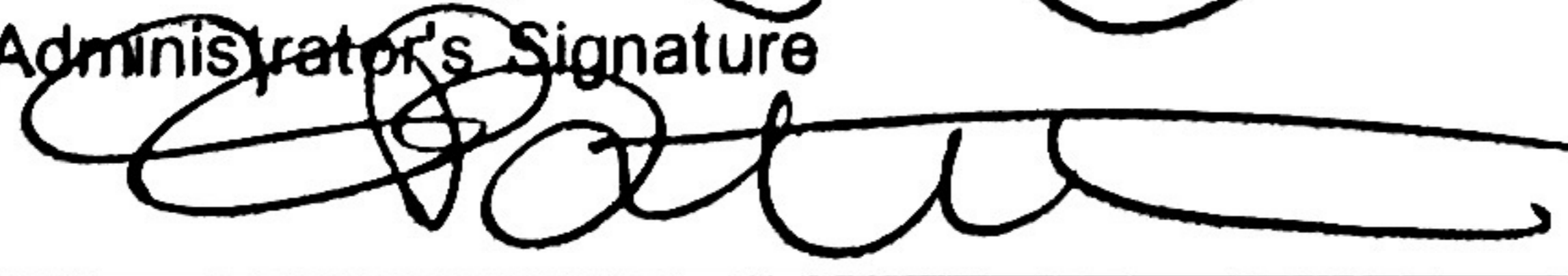
ADDITIONAL FINANCIAL TERMS: Please make checks payable to La Canada HS Wrestling
Mail to: 4463 Oak Grove Drive, La Canada, CA 91011

MEDICAL RESPONSIBILITY: 1 trainer on duty, please bring your own tape

OTHER ARRANGEMENTS: _____

Return to HOST SCHOOL by: 10/30/24

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 contract. Use of form for additional comments.

HOST SCHOOL INFORMATION		VISITING SCHOOL INFORMATION	
School Name	<u>La Canada HS</u>	School Name	_____
School Address	<u>4463 Oak Grove Drive</u>	School Address	_____
School Phone Number	<u>818-952-4200</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:	_____	Date:	_____
Host A.D. Email Address	<u>sbeattie@lcausd.net</u>	Visiting A.D. Email Address	_____
Host A.D. Cell Phone #	<u>018-455-9430</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 the HOST SCHOOL SHOULD BE LAST TO SIGN school, they should be notified of e)