



ARROYO CLASSIC TOURNAMENT (VARSITY)

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

_____ ARROYO _____ High School and _____ High School
 for _____ CO-ED _____ contests in _____ WRESTLING _____ to be played as follows:
 (Boys' or Girls') (Name of Sport)

LEVEL	SITE	DATE	STARTING TIME
Varsity	ARROYO HIGH SCHOOL	JANUARY 12, 2013 (SAT)	WEIGH-INS: 7-8:00 AM TOURNAMENT: 10:00 AM
Jr. Varsity	_____	_____	_____
Soph	_____	_____	_____
Frosh	_____	_____	_____
Frosh-Soph	_____	_____	_____

REMARKS: ~ **WEIGHT ALLOWANCE: + 2 LBS.**
 ~ **16 MAN DOUBLE ELIMINATION**

FINANCIAL ARRANGEMENTS

A. General Admission	\$5.00	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: **TOURNAMENT FEE: \$300.00**

MEDICAL RESPONSIBILITY: ATHLETIC TRAINER

OTHER ARRANGEMENTS: _____

Return to **HOST SCHOOL** by: **ASAP: TOURNAMENT SPACE WILL BE FILLED UPON AVAILABILITY**

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	ARROYO HIGH SCHOOL	School Name	_____
School Address	4921 N. CEDAR AVE, EL MONTE 91732	School Address	_____
School Phone Number	(626) 444-9201	School Phone Number	_____
School Fax Number	(626) 443-1175	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 #	_____

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, he should be notified of existing contracts before the beginning of the season.

Revised 8/11

HOST SCHOOL SHOULD BE LAST TO SIGN