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 ahtleteic administrators of

ROSEMEAD HIGH SCHOOL High School and _____ High School

for _____ contests in CROSS COUNTRY to be played as follows:
(Boys' or Girls') (Name of Sport)

LEVEL	SITE	DATE	STARTING TIME
Varsity	Rosemead High School	9/14/24	Girls 9:00pm Boys 9:30pm
Junior	Rosemead High School	9/14/24	Girls 8:00pm Boys 8:30pm
Sophmore	Rosemead High School	9/14/24	Girls 7:00pm Boys 7:30pm
Freshmen	Rosemead High School	9/14/24	Girls 6:00pm Boys 6:30pm

REMARKS: Open Race 5:30pm (No high school athletes) One free coach entry.

FINANCIAL ARRANGEMENTS

A. General Admission	$0.00	F. Faculty Passes honored Both Schools	
B. Home Students WITH ASB Cards	$0.00	G. Advance Sale Permitted	
C. Visiting Students WITH ASB Cards	$0.00	H. Visiting Band in Uniform Admitted Free With Advisor	
D. Student (Both Schools) WITHOUT ASB Cards	$0.00		
E. Children Admission	$0.00	I. Visiting Pep Squads Admitted Free With Advisor	

ADDITIONAL FINANCIAL TERMS: $20 per athlete, $250 max per gender, $400 max per team

MEDICAL RESPONSIBILITY:

OTHER ARRANGEMENTS:

Return to **HOST SCHOOL** by: ASAP or 9/6/24 Deadline

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	Rosemead High School	School Name	
School Address	9063 Mission Drive, Rosemead, CA	School Address	
School Phone Number	626-258-5400	School Phone Number	
School Tax ID #	95-8026863	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	maritzela.barakat@emuhsd.org	**Visiting A.D. Email Address**	
Host A.D. Cell Phone #	310-739-3881	**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 3/27/19

HOST SCHOOL SHOULD BE LAST TO SIGN

HEAD COACH NAME FIRST & LAST: _____

HEAD COACH EMAIL ADDRESS: _____

HEAD COACH CELL PHONE # _____

FULL TEAM $400: ❑ **FULL TEAM**

FULL ONE GENDER TEAM BOYS OR GIRLS $250 (CHECK ONE) **BOYS ❑ GIRLS ❑**

INDIVIDUALS $20 EACH NUMBER COUNT: ❑ **EXACT NUMBER COUNT**_____ **X $20=** _____

HOST SCHOOL SHOULD BE LAST TO SIGN