

## **CONTRACT FOR ATHLETIC CONTESTS**

				I to by the principals and ahtlet		
ROSE	MEAD HIGH S	CHOOL	_ 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	Ros	emead High So	chool	9/13/2025	Girls 9:00pm Boys 9:30pm	
Junior	Rosemead High School			9/13/2025	Girls 8:00pm Boys 8:30pm	
Sophmore	Rosemead High School			9/13/2025	Girls 7:00pm Boys 7:30pm	
Freshmen		emead High So		9/13/2025	Girls 6:00pm Boys 6:30pm	
REMARKS:	EMARKS: Open Race 5:30pm (No high school athletes) One free coach entry.					
			FINANCIAL	ARRANGEMENTS		
A. General Ad	dmission		\$0	0.00 F. Faculty Passes honor	red Both Schools	
B. Home Stud	B. Home Students WITH ASB Cards \$0.00 G. Advance Sale Permitted					
C. Visiting Stu	udents WITH A	SB Cards	\$0	0.00 H. Visiting Band in Unifo	orm Admitted Free	
D. Student (B	D. Student (Both Schools) WITHOUT ASB Cards \$0.00 With Advisor					
E. Children A	dmission		\$0	0.00 I. Visiting Pep Squads A	dmitted Free	
				With Advisor		
ADDITIONAL	FINANCIAL TE	ERMS:	\$20 per athlete, \$350 ma	ax per gender, \$500 max per to	eam	
MEDICAL RE	SPONSIBILITY	<b>′</b> :				
OTHER ARRA	ANGEMENTS:					
Return to HOS	<b>ST SCHOOL</b> b	y:	ASAP or 9/6/25 Deadline	9		
side of form		al comments.		VICITI	NG SCHOOL INFORMATION	
School Name		Rosemead Hi		School Name	NG SCHOOL INFORMATION	
School Addres			Drive, Rosemead, CA	School Address		
School Phone		626-258-5400		School Phone Number		
School Tax ID	#	95-8026863		School Fax Number		
Host School Principal's Signature Janine Salanitro Visiting School Principal's Signature						
Host School Athletic Administrator's Signature				Visiting School Athletic Administrator's Signature		
Date:	8-1-25		Martin Bright	Date:		
Host A.D. Em		maritzela.ba	rakat@emuhsd.org	Visiting A.D. Email Add		
Host A.D. Cel	II Phone #	310-739-3881		Visiting A.D. Cell Phone	e#	
					istrator at each school. When the pol, he should be notified of existing	
contracts b	efore the beg	inning of the	season.		Revised 3/27/19	
					Nevised 5/21/15	
HEAD COAC	H NAME FIRS	T & LAST:				
HEAD COAC	H EMAIL ADD	RESS:				
HEAD COAC	H CELL PHON	NE#				
FULL TEAM \$500:		□ FULL	TEAM			
FULL ONE G	ENDER TEAM	BOYS OR GIF	RLS \$350 (CHECK ONE)	BOYS 🗖 GIRLS 🗖		
INDIVIDITAT	C COO E A CH N	IIMDED COUN	T. D. EVAC	T NUMBER COUNT	V \$20-	