

# CONTRACT FOR ATHLETIC CONTESTS

This **CONTRACT** is made and subscribed to by the principals and athletic administrators of  
HILLCREST High School and \_\_\_\_\_ High School  
 for Boys contests in WRESTLING to be played as follows:  
 (Boys' or Girls') (Name of Sport)

LEVEL	SITE	DATE	STARTING TIME
VarsityBoys	The Trojan Battle Tourn.16 man	1/21/2023	9:00AM
Jr. Varsity	_____	_____	_____
Soph	_____	_____	_____
Frosh	_____	_____	_____
Frosh-Soph	_____	_____	_____

REMARKS: WEIGH-INS START AT 7:00-8:00am, Cost is \$300 per team, (A wrestlers only no B wrestlers)  
Team Trophies 1st -3rd, 1st, 2nd, 3rd place medals, upper and lower weight MVP  
Weights: Growth allowance, plus 1 pound- 109 116, etc.

### FINANCIAL ARRANGEMENTS

A. General Admission	<u>\$7.00</u>	F. Faculty Passes honored Both Schools	<u>YES</u>
B. Home Students WITH ASB Cards	<u>\$2.00</u>	G. Advance Sale Permitted	<u>NO</u>
C. Visiting Students WITH ASB Cards	<u>\$2.00</u>	H. Visiting Band in Uniform Admitted Free	
D. Student (Both Schools) WITHOUT ASB Cards	<u>\$5.00</u>	With Advisor	<u>YES</u>
E. Children Admission	<u>\$2.00</u>	I. Visiting Pep Squads Admitted Free	
		With Advisor	<u>YES</u>

ADDITIONAL FINANCIAL TERMS: \_\_\_\_\_

MEDICAL RESPONSIBILITY: TRAINER ON SITE

OTHER ARRANGEMENTS: MUST HAVE PRE-MATCH WEIGH-IN FORM

Return to **HOST SCHOOL** by: 1-Jan-23

HOST SCHOOL INFORMATION	VISITING SCHOOL INFORMATION
School Name <u>HILLCREST</u>	School Name _____
School Address <u>11800 Indiana Ave-92503 Riverside</u>	School Address _____
School Phone Number <u>951-358-1755</u>	School Phone Number _____
Athletic Director <u><a href="mailto:scott.vollmer@alvordschools.org">scott.vollmer@alvordschools.org</a></u>	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: _____

