

CONTRACT FOR ATHLETIC CONTEST

ROOSEVELT RELAYS 2025

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.

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

Roosevelt, Eleanor High School and _____ High School
for contests in Cross Country to be played as follows:

LEVEL	HOME TEAM	DATE	STARTING TIME
ALL	<u>Roosevelt, Eleanor</u>	<u>08/23/2025</u>	<u>07:30 AM</u>

REMARKS: ROOSEY RELAYS 2025 - Join the inaugural event!!
The 1.5 mile course will take place entirely on the Eleanor Roosevelt Campus

FINANCIAL ARRANGEMENTS

A. General Admission	\$ _____	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: _____
\$150 per gender or \$300 for entire Team

MEDICAL RESPONSIBILITY: Trainer will be on site

OTHER ARRANGEMENTS: _____

Return to **HOST SCHOOL** by: Please complete and return to Coach Cummings at your earliest convenience
David.Cummings@cnusd.k12.ca.us

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.

SCHOOL (A) INFORMATION		SCHOOL (B) INFORMATION	
School Name	<u>Roosevelt, Eleanor</u>	School Name	_____
School Address	<u>7447 Scholar Way</u>	School Address	_____
School City	<u>Eastvale</u>	School City	_____
Zip Code	<u>92880</u>	Zip Code	_____
School Phone Number	<u>(951) 738 2100</u>	School Phone Number	_____
School Fax Number	_____	School Fax Number	_____
Principal's Signature	_____	Principal's Signature	_____
Athletic Administrator's Signature	_____	Athletic Administrator's Signature	_____
Date:	<u>03/26/2025</u>	Date:	_____
A.D. Email Address	<u>ashires@cnusd.k12.ca.us</u>	A.D. Email Address	_____
A.D. Cell Phone #	<u>(951) 264 2002</u>	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.