

WRESTLING OFFICIALS CONTRACT
For Use by CHSAA Member Schools and Members of CWOA

Officials: (*Indicates Assigned Driver. Other officials should contact driver regarding travel arrangements.)

TOURNAMENT INFORMATION

Number of Teams Participating _____ First Session Time _____ Number of Officials _____
 Number of Sessions Scheduled _____ Approx. concluding Time _____ Number of Mats _____

You are invited to officiate the _____ Tournament/Dual Match at _____
 on (day) _____ (date) _____ (time) _____

Tournament/Dual Match Information

Competing Teams

Fee	\$ _____	_____
Travel	\$ _____	_____
Meals.....	\$ _____	_____
Other	\$ _____	_____
TOTAL.....	\$ _____	_____

Weigh-in Time _____ You should report to the home coach or administrator immediately upon arrival. If you can accept, please sign and return duplicate by _____. If you cannot accept, please return both copies immediately.

ACCEPTED: (As an independent contractor, not as an employee of the school or the Colorado High School Activities Association.)

Signature _____ Assigner _____
 Social Security # _____
 Date _____

If you sign this contract and then cannot fulfill your obligation, the school must be notified.
TWO SIGNED COPIES ARE REQUIRED

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