

**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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