

MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.
SCHOOL CONTRACT – FORM 3-C

98-150M(2)

(Your School Name)

It is hereby agreed between _____ School and the

Grand Rapids Catholic Central and Grand Rapids West Catholic, that its

High School

Middle School

Boys Girls

Boys Girls

CROSS COUNTRY teams shall compete at the **5th Annual Cougar Falcon Invite**

on **SATURDAY, September 25, 2010 AT 8:30 AM**. Both parties (1 and 2) hereto mutually agree that the Rules of Eligibility of the Michigan High School Athletic Association, Inc. shall govern participation in this contest and that a properly certified list of players, signed by the superintendent or principal of each school, shall be exchanged in accordance with MHSAA Regulations. A registered will be provided. The party of the first part (1) agrees to pay the party of the second part (2) the sum of \$ See below \$100 high school /\$50 middle school /\$125 combined HS-MS at the close of the contest.

Entry Fee

HIGH SCHOOLS: \$100 per high school (includes both men an women).

MIDDLE SCHOOLS: \$50 per team (\$25 if a varsity team from your school is attending).

This contract may be canceled or altered only by mutual agreement of the contracting parties, as provided by the Michigan High School Athletic Association, Inc. No refunds will be given in the event of a weather cancellation.

Signed in duplicate this _____ day of _____.

For the party of the first part (1):

For the party of the second part (2):

(authorized representative)
School telephone number _____

Contacts

WC Athletic Office: 616-233-5912
Coaches: Don Passenger GRWC 616-821-3156
dpasseng@iserv.net
Jackson Fox GRCC 616-485-2931
jacksonfox@kentisd.org

Email: _____

Note: Teams must return a signed contract in order to reserve a spot in the invitational. The **first 20 teams** to return a contract will be accepted. **All teams from 2009 will be guaranteed a spot if the contract is returned by January 1, 2010.**

Cross Country Division: 1 2 3 4 Middle School (circle one or more as applies)

Men's Coach: _____ **Email:** _____

Phone: _____

Women's Coach: _____ **Email:** _____

Phone: _____

School Address: _____

Please mail or fax this contract and payments to:

CHECK PAYABLE TO: West Catholic High School
Address: GR West Catholic High School
Attn: Athletics – Cross Country
1801 Bristol Ave, NW
Grand Rapids, MI 49503

Fax: 616-453-0701