

IOWA HIGH SCHOOL ATHLETIC ASSOCIATION

★(515) 432-2011 ★ P.O. Box 10, Boone IA 50036-0010 ★ Fax (515) 432-2961★

CONTRACT WITH REGISTERED OFFICIAL(S) OF THE I.H.S.A.A.

This contract is between the _____ High School, _____, IA (ZIP) _____ and _____ of _____, (ZIP) _____ in his/her capacity as an independent contractor and as a registered official of the Iowa High School Athletic Association. Said Official agrees to be present and officiate a _____ game or meet at _____, IA on _____, 20____, at _____ o'clock, __M.

In consideration of said services, the above school will pay to the said Official an officiating fee of \$_____ and mileage at the rate of _____ ¢ per mile one way, most direct route. The Official agrees that this sum shall cover all of his/her claims arising from the contract; and the Official and School jointly agree that said Official shall, at all times, during the term of this contract, be and operate as an independent contractor. It is further agreed that if either party hereto fails to fulfill the obligation of this contract, that party shall pay to the other party the sum of \$_____ as damages for violation of the contract and said failure shall be reported to the IHSAA.

Signed in duplicate this _____ day of _____, 20_____.

For the School _____ Home Phone _____
SUPERINTENDENT OR PRINCIPAL ATHLETIC DIRECTOR Bus. Phone _____

For the Official _____ Home Phone _____
OFFICIAL'S NAME (PRINT / TYPE) Bus. Phone _____
STREET ADDRESS/BOX NO. TOWN ZIP
SOCIAL SECURITY NUMBER OFFICIAL'S SIGNATURE

*COMPLETE IF CREW MEMBERS ARE NOT CONTRACTED SEPARATELY

*For the Official _____ Home Phone _____
OFFICIAL'S NAME (PRINT / TYPE) Bus. Phone _____
STREET ADDRESS/BOX NO. TOWN ZIP
SOCIAL SECURITY NUMBER OFFICIAL'S SIGNATURE

*For the Official _____ Home Phone _____
OFFICIAL'S NAME (PRINT / TYPE) Bus. Phone _____
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