C:\Users\pattye\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\FI4W9WPI\MC900023686[1].wmfYour Business Inc.

Some Ave.

Suite 101

Sometown, ST 19355

Phone

fax

# WORK ASSIGNMENT

**CLIENT: Some University**

**Some Address  
Sometown ST, zip  
phone**

**CONSULTANT: Some AthleticTrainer, ATC**

**NATURE OF ASSIGNMENT: Athletic Training Event Coverage**

**Men’s Wrestling Tournament**

**TERM: Friday, January 25th 9:30 – 6:30pm**

**Total Hours (9.0 hrs.)**

**FEE SCHEDULE: $xx.00 per hour**

$**xx.00 Travel and Expenses**

**ACCEPTED BY: Your Business, Inc. ACCEPTED BY: Their Business**

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**Name**: You **Name:** John Doe

**Title:** Vice President Clinical Services **Title:** Wrestling Director