

### 2018-2019 Designation of CIF Representatives to League

Please complete the form below for each school under your jurisdiction and **RETURN TO THE CIF SECTION OFFICE (ADDRESSES ON REVERSE SIDE)** no later than June 29, 2018.

Mount Diablo Unified School District School District/Governing Board at its 924.18 meeting,  
(Name of school district/governing board) (Date)  
appointed the following individual(s) to serve for the 2018-2019 school year as the school's league representative:

#### PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES

NAME OF SCHOOL College Park High School  
NAME OF REPRESENTATIVE Jim Keck POSITION Athletic Director  
ADDRESS 201 Viking Drive CITY Pleasant Hill ZIP 94523  
PHONE 925-984-6402 FAX 925-676-7892 E-MAIL keckj@mdusd.org

NAME OF SCHOOL College Park High School  
NAME OF REPRESENTATIVE Joe Alvarez POSITION Principal  
ADDRESS 201 Viking Drive CITY Pleasant Hill ZIP 94523  
PHONE 925-323-3323 FAX 925-676-7892 E-MAIL alvarezj@mdusd.org

NAME OF SCHOOL College Park High School  
NAME OF REPRESENTATIVE Garv Jensen POSITION Vice Principal  
ADDRESS 201 Viking Drive CITY Pleasant Hill 94523 ZIP  
PHONE 707-853-1624 FAX 925-676-7892 E-MAIL jenseng@mdusd.org

NAME OF SCHOOL \_\_\_\_\_  
NAME OF REPRESENTATIVE \_\_\_\_\_ POSITION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

If the designated representative is not available for a given league meeting, an alternate designee of the district governing board may be sent in his/her place. NOTE: League representatives from public schools and private schools must be designated representatives of the school's governing boards in order to be eligible to serve on the section and state governance bodies.

Superintendent's or Principal's Name Joseph B. Alvarez Signature [Signature]  
Address 201 Viking Drive City Pleasant Hill Zip 94523  
Phone 925-662-9670 Fax 925-676-7892

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### 2018-2019 Designation of CIF Representatives to League

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Mount Diablo School District/Governing Board at its 9/24/18 meeting,  
(Name of school district/governing board) (Date)

appointed the following individual(s) to serve for the 2018-2019 school year as the school's league representative:

**PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES**

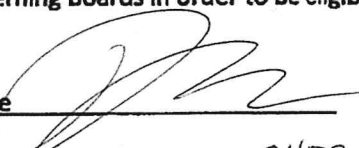
NAME OF SCHOOL Concord High School  
NAME OF REPRESENTATIVE Riannd Pfaltzgraff POSITION Principal  
ADDRESS 4200 Concord Blvd CITY Concord ZIP 94521  
PHONE 925-687-2030 FAX 925-682-4613 E-MAIL pfaltzgraffr@mdusd.org

NAME OF SCHOOL Concord High School  
NAME OF REPRESENTATIVE Ken Hickok POSITION Vice Principal  
ADDRESS 4200 Concord Blvd CITY Concord ZIP 94521  
PHONE 925-687-2030 FAX 925-682-4613 E-MAIL hickokk@mdusd.org

NAME OF SCHOOL Concord High School  
NAME OF REPRESENTATIVE Megan Coddington POSITION Athletic Director  
ADDRESS 4200 Concord Blvd CITY Concord ZIP 94521  
PHONE 925-687-2030 FAX 925-682-4613 E-MAIL coddingtonm@mdusd.org

NAME OF SCHOOL \_\_\_\_\_  
NAME OF REPRESENTATIVE \_\_\_\_\_ POSITION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

If the designated representative is not available for a given league meeting, an alternate designee of the district governing board may be sent in his/her place. **NOTE:** League representatives from public schools and private schools must be designated representatives of the school's governing boards in order to be eligible to serve on the section and state governance bodies.

Superintendent's or Principal's Name Rianne Pfaltzgraff Signature   
Address 4200 Concord Blvd City Concord Zip 94521  
Phone (925) 687-2030 Fax (925) 682-4613

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**2018-2019 Designation of CIF Representatives to League**

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Mt. Diablo Unified School District/Governing Board at its 9/24/18 meeting,  
(Name of school district/governing board) (Date)

appointed the following individual(s) to serve for the 2018-2019 school year as the school's league representative:

**PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES**

NAME OF SCHOOL Mt. Diablo High School  
NAME OF REPRESENTATIVE Lorne Barbosa POSITION Principal  
ADDRESS 2450 Grant Street CITY Concord ZIP 94520  
PHONE 9256824030x3401 FAX 9256879658 E-MAIL barbosal@mdusd.org

\*\*\*\*\*

NAME OF SCHOOL Mt. Diablo High School  
NAME OF REPRESENTATIVE Courtney Lyon POSITION Athletics Principal  
ADDRESS 2450 Grant Street CITY Concord ZIP 94520  
PHONE 9256824030x3457 FAX 9256879658 E-MAIL lyonc@mdusd.org

\*\*\*\*\*

NAME OF SCHOOL Mt. Diablo High School  
NAME OF REPRESENTATIVE Ryan Leuschen POSITION Athletic Director  
ADDRESS 2450 Grant Street CITY Concord ZIP 94520  
PHONE 9256824030x3403 FAX 9256879658 E-MAIL leuschenr@mdusd.org

\*\*\*\*\*

NAME OF SCHOOL \_\_\_\_\_  
NAME OF REPRESENTATIVE \_\_\_\_\_ POSITION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

If the designated representative is not available for a given league meeting, an alternate designee of the district governing board may be sent in his/her place. **NOTE:** League representatives from public schools and private schools must be designated representatives of the school's governing boards in order to be eligible to serve on the section and state governance bodies.

Superintendent's or Principal's Name Lorne Barbosa Signature 

Address 2450 Grant Street City Concord Zip 94520

Phone 9256824030x3401 Fax 9256879658

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### 2018-2019 Designation of CIF Representatives to League

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Mt. Diablo Unified School District/Governing Board at its 9.24.18 meeting,  
(Name of school district/governing board) (Date)

appointed the following individual(s) to serve for the 2018-2019 school year as the school's league representative:

#### **PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES**

NAME OF SCHOOL Northgate High School

NAME OF REPRESENTATIVE	<u>Dr. Earle Paynton</u>	POSITION	<u>Athletic Director</u>
ADDRESS	<u>425 Castle Rock Road</u>	CITY	<u>Walnut Creek</u> ZIP <u>94598</u>
PHONE	<u>925-938-0900</u>	FAX	<u>925-945-6429</u> E-MAIL <u>nhsad@mdusd.org</u>

NAME OF SCHOOL Northgate High School

NAME OF REPRESENTATIVE	<u>Ben Ballard</u>	POSITION	<u>Asst. Athletic Director</u>
ADDRESS	<u>425 Castle Rock Road</u>	CITY	<u>Walnut Creek</u> ZIP <u>94598</u>
PHONE	<u>925-938-0900</u>	FAX	<u>925-945-6429</u> E-MAIL <u>ballardb@mdusd.org</u>

NAME OF SCHOOL Northgate High School

NAME OF REPRESENTATIVE	<u>Kelly Cooper</u>	POSITION	<u>Vice Principal</u>
ADDRESS	<u>425 Castle Rock Road</u>	CITY	<u>Walnut Creek</u> ZIP <u>94598</u>
PHONE	<u>925-938-0900</u>	FAX	<u>925-945-6429</u> E-MAIL <u>cooperk@mdusd.org</u>

NAME OF SCHOOL Northgate High School

NAME OF REPRESENTATIVE	<u>Dr. Michael McAlister</u>	POSITION	<u>Principal</u>
ADDRESS	<u>425 Castle Rock Road</u>	CITY	<u>Walnut Creek</u> ZIP <u>94598</u>
PHONE	<u>925-938-0900</u>	FAX	<u>925-945-6429</u> E-MAIL <u>mcalistm@mdusd.org</u>

If the designated representative is not available for a given league meeting, an alternate designee of the district governing board may be sent in his/her place. **NOTE:** League representatives from public schools and private schools must be designated representatives of the school's governing boards in order to be eligible to serve on the section and state governance bodies.

Superintendent's or Principal's Name Michael McAlister, Ed.D. Signature 

Address 425 Castle Rock Road City Walnut Creek Zip 94598

Phone 925-938-0900 Fax 925-945-6429

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**2018-2019 Designation of CIF Representative to League**

Please complete the form below for each school under your jurisdiction and **RETURN TO THE CIF SECTION OFFICE (ADDRESSES ON REVERSE SIDE) no later than August 1, 2018.**

MOUNT DIABLO UNIFIED School District/Governing Board at its 9.24.18 meeting,  
(Name of school district/governing board) (Date)

appointed the following individual(s) to serve for the 2018-2019 school year as the school's league representative:

**PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES**

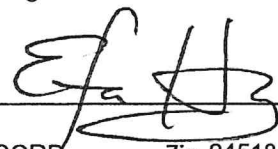
NAME OF SCHOOL YGNACIO VALLEY HIGH SCHOOL  
NAME OF REPRESENTATIVE EFA HUCKABY POSITION PRINCIPAL  
ADDRESS 755 OAK GROVE ROAD CITY CONCORD ZIP 94518  
PHONE 9256858414 FAX 9256851435 E-MAIL HUCKABYE@MDUSD.ORG

\*\*\*\*\*  
NAME OF SCHOOL YGNACIO VALLEY HIGH SCHOOL  
NAME OF REPRESENTATIVE MARK TRAN POSITION ATHLETIC DIRECTOR  
ADDRESS 755 OAK GROVE ROAD CITY CONCORD ZIP 94518  
PHONE 9256858414 FAX 9256851435 E-MAIL TRANM@MDUSD.ORG

\*\*\*\*\*  
NAME OF SCHOOL YGNACIO VALLEY HIGH SCHOOL  
NAME OF REPRESENTATIVE JONATHAN McGONAGLE POSITION ASSISTANT AD  
ADDRESS 755 OAK GROVE ROAD CITY CONCORD ZIP 94518  
PHONE 9256858414 FAX 9256851435 E-MAIL MCGONAGLEJ@MDUSD.ORG

\*\*\*\*\*  
NAME OF SCHOOL YGNACIO VALLEY HIGH SCHOOL  
NAME OF REPRESENTATIVE KEYA NESBETH POSITION VICE PRINCIPAL  
ADDRESS 755 OAK GROVE ROAD CITY CONCORD ZIP 94518  
PHONE 9256858414 FAX 9256851435 E-MAIL NESBETHK@MDUSD.ORG

If the designated representative is not available for a given league meeting, an alternate designee of the district governing board may be sent in his/her place. **NOTE:** League representatives from public schools and private schools must be designated representatives of the school's governing boards in order to be eligible to serve on the section and state governance bodies.

Superintendent's or Principal's Name EFA HUCKABY Signature   
Address 755 OAK GROVE ROAD City CONCORD Zip 94518  
Phone 9256858414 Fax 9256851435

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