



MARIE M. ISHIDA, EXECUTIVE DIRECTOR

# CALIFORNIA INTERSCHOLASTIC FEDERATION

CIF STATE OFFICE - 4658 DUCKHORN DRIVE - SACRAMENTO, CA 95834 - (916) 239-4477 - FAX (916) 239-4478 - CIFSTATE.ORG

## 2012-2013 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 July 2, 2012.

Mt. Diablo Unified School District/Governing Board at its June 25, 2012 meeting,  
(Name of school district/governing board) (Date)

appointed the following individual(s) to serve for the 2012-2013 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 See Attached POSITION Principal, VP or AD

ADDRESS 201 Viking CITY Pleasant Hill ZIP 94523

PHONE 925-682-7474 FAX 925-825-7859 E-MAIL \_\_\_\_\_

NAME OF SCHOOL Concord High School

NAME OF REPRESENTATIVE See Attached POSITION Principal, VP or AD

ADDRESS 4200 Concord Blvd. CITY Concord ZIP 94521

PHONE 925-687-2030 FAX 925-682-4613 E-MAIL \_\_\_\_\_

NAME OF SCHOOL Mt. Diablo High School

NAME OF REPRESENTATIVE See Attached POSITION Principal, VP or AD

ADDRESS 2450 Grant St. CITY Concord ZIP 94520

PHONE 925-682-4030 FAX 925-687-9658 E-MAIL \_\_\_\_\_

NAME OF SCHOOL Northgate High School

NAME OF REPRESENTATIVE See Attached POSITION Principal, VP or AD

ADDRESS 425 Castle Rock Rd. CITY Walnut Creek ZIP 94598

PHONE 925-682-0900 FAX 925-6429 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 Steve Lawrence Signature \_\_\_\_\_

Address 1936 Carlotta Dr. City Concord Zip 94519

Phone 925-682-8000 X 4000 Fax 925-691-5246

**PLEASE MAIL OR FAX THIS FORM DIRECTLY TO THE CIF SECTION OFFICE. SEE REVERSE SIDE FOR CIF SECTION OFFICE ADDRESSES.**



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(Name of school district/governing board) (Date)

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### PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES

NAME OF SCHOOL Ygnacio Valley High School

NAME OF REPRESENTATIVE See Attached POSITION Principal, VP or AD

ADDRESS 755 Oak Grove Rd. CITY Concord ZIP 94518

PHONE 925-685-8414 FAX 925-685-1435 E-MAIL \_\_\_\_\_

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NAME OF SCHOOL Page 2 for Mt. Diablo Unified

NAME OF REPRESENTATIVE \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

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NAME OF SCHOOL \_\_\_\_\_

NAME OF REPRESENTATIVE \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

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NAME OF SCHOOL \_\_\_\_\_

NAME OF REPRESENTATIVE \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

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