

2024-2025 Designation of CIF Representatives to League

Please complete the form below for each school under your jurisdiction and **RETURN TO THE CIF SECTION OFFICE** no later than June 28, 2024.

MDUSD School District/Governing Board at its 5/8/24 meeting,
(Name of school district/governing board) (Date)

appointed the following individual(s) to serve for the 2024-2025 school year as the school's league representative:

PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES

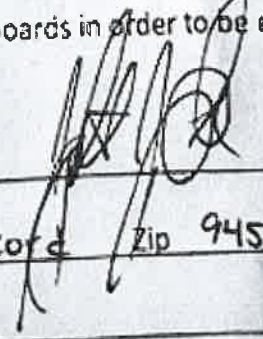
NAME OF SCHOOL Ygnacio Valley High School
NAME OF REPRESENTATIVE Briana Zielinski POSITION Athletic Director
ADDRESS 755 Oak Grove Road CITY Concord ZIP 94518
PHONE 925 685 8414 FAX _____ E-MAIL Zielinski.b@mdusd.org

NAME OF SCHOOL Ygnacio Valley High School
NAME OF REPRESENTATIVE Jonathan Pike POSITION Principal
ADDRESS 755 Oak Grove Road CITY Concord ZIP 94518
PHONE 925 685 8414 FAX _____ E-MAIL Pikej@mdusd.org

NAME OF SCHOOL Ygnacio Valley High School
NAME OF REPRESENTATIVE Amanda Loushin POSITION Vice Principal
ADDRESS 755 Oak Grove Road CITY Concord ZIP 94518
PHONE 925 685 8414 FAX _____ E-MAIL loushina@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 Jonathan Pike Signature 
Address 755 Oak Grove Road City Concord Zip 94518
Phone 925-685-8414 FAX _____

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2024-2025 Designation of CIF Representatives to League

Please complete the form below for each school under your jurisdiction and **RETURN TO THE CIF SECTION OFFICE no later than June 28, 2024.**

Mt Diablo Unified S.D. School District/Governing Board at its 5/8/24 meeting,
(Name of school district/governing board) (Date)

appointed the following individual(s) to serve for the 2024-2025 school year as the school's league representative:

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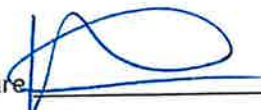
NAME OF SCHOOL Northgate High School
NAME OF REPRESENTATIVE Kelly Cooper POSITION Principal
ADDRESS 425 Castle Rock Rd CITY Walnut Creek 94598
PHONE 925 938-0900 FAX _____ E-MAIL cooperk@mdusd.org

NAME OF SCHOOL Northgate HS
NAME OF REPRESENTATIVE Tyler Rosecrans POSITION Vice Principal
ADDRESS 425 Castle Rock Rd Walnut Creek CITY Walnut Creek ZIP 94598
PHONE 925 938-0900 FAX _____ E-MAIL RosecransT@mdusd.org

NAME OF SCHOOL Northgate HS
NAME OF REPRESENTATIVE J Tucker Farrar POSITION Vice Principal
ADDRESS 425 Castle Rock Rd CITY Walnut Creek ZIP 94598
PHONE 925 938-0900 FAX _____ E-MAIL tucker.farrar@mdusd.org

NAME OF SCHOOL Northgate HS
NAME OF REPRESENTATIVE Benjamin Ballard POSITION _____
ADDRESS 425 Castle Rock Rd CITY Walnut Creek ZIP 94598
PHONE 925 938-0900 FAX _____ E-MAIL ballardb@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 Kelly Cooper Signature 
Address 425 Castle Rock Rd City Walnut Creek Zip 94598
Phone 925 938-0900 FAX _____

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2024-2025 Designation of CIF Representatives to League

Please complete the form below for each school under your jurisdiction and **RETURN TO THE CIF SECTION OFFICE no later than June 28, 2024.**

MDUSD School District/Governing Board at its 5/8/24 meeting,
(Name of school district/governing board) (Date)

appointed the following individual(s) to serve for the 2024-2025 school year as the school's league representative:

PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES

NAME OF SCHOOL College Park
NAME OF REPRESENTATIVE Levitt Griffin POSITION Principal
ADDRESS 208 Viking Dr. CITY Pleasant Hill ZIP 94523
PHONE 925-682-7670 # 3200 FAX E-MAIL GriffinL@mdusd.org

NAME OF SCHOOL College Park
NAME OF REPRESENTATIVE Theresa Buhlman POSITION Athletic Director
ADDRESS 201 Viking Dr. CITY Pleasant Hill ZIP 94523
PHONE 925-682-7670 # 3239 FAX E-MAIL BuhlmanT@mdusd.org

NAME OF SCHOOL College Park
NAME OF REPRESENTATIVE Michael Miller POSITION Vice-Principal
ADDRESS 201 Viking Dr. CITY Pleasant Hill ZIP 94523
PHONE 925-682-7670 # 3211 FAX E-MAIL MillerMT@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 Kevin Hong Signature [Signature]
Address 201 Viking Dr. City Pleasant Hill ZIP 94523
Phone 925-682-7670 # 3200 FAX _____

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2024-2025 Designation of CIF Representatives to League

Please complete the form below for each school under your jurisdiction and **RETURN TO THE CIF SECTION OFFICE no later than June 28, 2024.**

Mount Diablo Unified School District School District/Governing Board at its 5/8/24 meeting,
(Name of school district/governing board) (Date)

appointed the following individual(s) to serve for the 2024-2025 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 Julene MacKinnon POSITION Principal
ADDRESS 4200 Concord Blvd CITY Concord ZIP 94521
PHONE 925-687-2030 x.3300 FAX 925-682-4613 E-MAIL mackinnonj@mdusd.org

NAME OF SCHOOL Concord High School
NAME OF REPRESENTATIVE Matt Harrod POSITION Athletic Director
ADDRESS 4200 Concord Blvd CITY Concord ZIP 94521
PHONE 925-687-2030 x.3300 FAX 925-682-4613 E-MAIL harrodm@mdusd.org

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

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 Julene MacKinnon Signature 

Address 4200 Concord Blvd City Concord Zip 94521

Phone 925-687-2030 x.3300 FAX 925-682-4613

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2024-2025 Designation of CIF Representatives to League

Please complete the form below for each school under your jurisdiction and **RETURN TO THE CIF SECTION OFFICE no later than June 28, 2024.**

MT. Diablo High School School District/Governing Board at its MAY 8, 2024 meeting,
(Name of school district/governing board) (Date)

appointed the following individual(s) to serve for the 2024-2025 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 Ronnie McGeer POSITION Athletic Director
ADDRESS 2450 Grant Street CITY Concord ZIP 94520
PHONE 213-604-3949 FAX _____ E-MAIL mgeerR@mdusd.org

NAME OF SCHOOL MT. Diablo High School
NAME OF REPRESENTATIVE Marvin Davis POSITION Athletic Director
ADDRESS 2450 Grant Street CITY Concord ZIP 94520
PHONE 404-536-3754 FAX _____ E-MAIL DavisMK@mdusd.org

NAME OF SCHOOL MT. Diablo High School
NAME OF REPRESENTATIVE Ryan Murrow POSITION V.P. Athletic
ADDRESS 2450 Grant Street CITY Concord ZIP 94520
PHONE 913-520-6138 FAX _____ E-MAIL murrowR@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 Markell McCain Signature _____

Address 2450 Grant St. City Concord, Ca Zip 94520

Phone 925-682-4030 FAX _____

PLEASE RETURN THIS FORM DIRECTLY TO THE CIF SECTION OFFICE.