Please complete the form below for each school under your j	urisdiction and RETURN TO	THE CIF SECTION		
OFFICE (ADDRESSES ON REVERSE SIDE) no later than June 28	3, 2023.			
Mt. Diablo Unified School District/Gove	rning Board at its $_{\underline{}}$	$\frac{10/23}{\text{meeting}}$		
(Name of school district/governing board) appointed the following individual(s) to serve for the 2023-20	124 school year as the scho	ool's league		
	324 3611001 Your 40 1110 11111	•		
representative:				
PHOTOCOPY THIS FORM TO LIST ADDITION	NAL SCHOOL REPRESENTA	TIVES		
- House - 1 11/21 - C 11				
NAME OF SCHOOL College Park High School	52			
NAME OF REPRESENTATIVE Kevin Honev	POSITION Principal	04522		
ADDRESS 201 Viking Drive	CITY Pleasant Hill	ZIP 94523		
PHONE 925-682-7670 FAX	E-MAIL honeyk@mdu	isa.org		
***********	*********	******		
NAME OF SCHOOL College Park High School	N/Less Date also			
NAME OF REPRESENTATIVE VICKI WIISON	POSITION Vice-Princip			
ADDRESS 201 Viking Drive	CITY Plesasant Hill	ZIP 94523		
PHONE 925-682-7670 FAX	E-MAIL wilsonv@mdu	sa.orq		
************	**********	ና ች ች ች ች ক ক ক ক ক <b>ተ</b> ተ		
NAME OF SCHOOL College Park High School	) # _ D.ii-			
NAME OF REPRESENTATIVE Jen Mahmood	POSITION Vice-Princip	zip 94523		
ADDRESS 201 Viking Drive	CITY Plesant Hill			
PHONE 925682-7670 FAX	E-MAIL mahmoodi@n	nausa.org		
*****************	***********	<u>የ</u> ኞችች ቀጥ ቀጥ ተጥጥ		
NAME OF SCHOOL				
NAME OF REPRESENTATIVE	POSITION			
ADDRESS	CITY	ZIP		
PHONE FAX	E-MAIL	•		
If the designated representative is not available for a given L	eague meeting, an alterna	te 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.	٠, ٨			
Superintendent's or Principal's Name Kevin Honey	Signature			
Address 201 Viking Drive	City Pleasant Hill	Zip 94523		
Phone 925-682-7670 #3200 FAX				

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 28, 2023.

		= 1		
Mt. Diable Unified	School District/Governing Bo	pard at its $\frac{5/10}{10}$	23 meeting,	
(Name of school district/governing board)		(Date)		
appointed the following individual(s) t	o serve for the 2023-2024 scho	ol year as the school	's league	
representative:				
. DUOTOCORY THIS S	ORM TO LIST ADDITIONAL SCH	OOL DEDDESENTATIV	IFS	
PHOTOCOPY THIS FO	JRIVI TO EIST ADDITIONAL SCH	OOL KEPKESEITIKIII		
	High Schoo	.t		
NAME OF SCHOOL Con cord	1.7	-	<u></u>	
NAME OF REPRESENTATIVE Julen	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		IP 94521	
ADDRESS 4200 Concord	<del></del>		10 1 1 2 2 01	
PHONE 9-25-687-203 CFAX	E-MAI	11 macKinner	y chausa	
A -		*****	_	
NAME OF SCHOOL COncord		14 10120	Director	
NAME OF REPRESENTATIVE Moth	tarrad POSITI	0	0117.1	
ADDRESS 4 200 Concord			6 22 4 52 1	
PHONE 925-687-2030 FAX	E-MAI	1 narroam	emausa	
**********	************	<b>*************</b>	******	
NAME OF SCHOOL	1000			
NAME OF REPRESENTATIVE	POSIT			
ADDRESS	CITY		IP	
PHONE FAX	E-MAI	<u> </u>		
*********	**********	********	*******	
NAME OF SCHOOL				
NAME OF REPRESENTATIVE	POSITI			
ADDRESS	CITY		IP	
PHONE FAX	E-MAI	L		
		_		
If the designated representative is no	t available for a given <u>league</u> m	eeting, an alternate o	designee of the	
district governing board may be sent	in his/her place. NOTE: League	e representatives from	n public schools and	
private schools must be designated re	presentatives of the school's g	overning boards in o	rder to be eligible to	
serve on the section and state govern	ance bodies.			
Superintendent's or Principal's Name Julene Mackinnan Signature Machine				
Address 4200 Concord 1		- //	Zip 94521	
Phone 925-687-2030	> FAX			

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 28, 2023.

mt. Diablo Unified School District/Gover	rning Board at its 5/10/23 meeting.			
(Name of school district/governing board)	(Date)			
appointed the following individual(s) to serve for the 2023-20	024 school year as the school's league			
representative:	,			
PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES				
NAME OF SCHOOL MDHS				
NAME OF REPRESENTATIVE De Zyon Murrow	POSITION Vice Principal			
ADDRESS /19 egglorelye Dr	CITY San RanowZIP 54582			
PHONE \$/3-570-6/38 FAX	E-MAIL Marrowa @ MDUSD, ora			
**************************************	***********			
NAME OF SCHOOL Romaie Magre / MBHS				
NAME OF REPRESENTATIVE Romme make make	POSITION Aik Director			
ADDRESS 3182 Corpina Drive	CITY Pittsburg ZIP 94565			
PHONE 213-604-3949 FAX	E-MAIL MOASE ( MOSD. CTO			
***************	********			
NAME OF SCHOOL Marvin Davis Mount L	Diable HS			
NAME OF REPRESENTATIVE Maryin Day 16	POSITION Ath Director			
ADDRESS 456 Catalano Ct	CITY Brentwood ZIP 945/3			
PHONE (404) 536-3784 FAX	E-MAIL davism/ @ mdust, 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 <u>league</u> meeting, an alternate designee of the district governing board may be sent in his/her place. <b>NOTE:</b> 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 Malan Signature   Remarkel Malan Signature				
Address 7 45 Gran 1 97.	City ( 200570			
Phone 575-682-9030 FAX	City 16 MONO LID /7 ) - C			

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 28,	2023.			
Northquite H.S. MOVSD School District/Governing Board at its 5/16/23 meeting, (Date)				
appointed the following individual(s) to serve for the 2023-202	24 school year as the school's league			
representative:				
PHOTOCOPY THIS FORM TO LIST ADDITIONA	AL SCHOOL REPRESENTATIVES			
NAME OF SCHOOL Northgate HS				
NAME OF REPRESENTATIVE Kelly Cooper	POSITION Principal			
ADDRESS 425 Castle Rock	CITY Wohned Creek ZIP 94598			
PHONE 925 938-0900 FAX	E-MAIL COOPERCO industrice			
*************	**********			
NAME OF SCHOOL Novements HS	0.00			
NAME OF REPRESENTATIVE J Tucker Farrar	POSITION Vice Knie Dal			
ADDRESS 425 Castle Rock	CITY Walnul Cuele ZIP 94598			
PHONE 925 938-0900 FAX	E-MAIL TOWAY, TUCKEN @ molisalory			
**************	*********			
NAME OF SCHOOL Northaute Its	Acres 1			
NAME OF REPRESENTATIVE Myler Rosecrans	POSITION VILL VINCIPAL			
ADDRESS 425 Castle Kock	CITY Walnut Creek ZIP 94598			
PHONE 925 938-0900 FAX	E-MAIL ROSECURANS to mousding			
**************************************	*******************************			
NAME OF SCHOOL				
NAME OF REPRESENTATIVE	POSITION			
ADDRESS	CITY ZIP			
PHONE FAX	E-MAIL			
If the designated representative is not available for a given led district governing board may be sent in his/her place. NOTE: private schools must be designated representatives of the sol serve on the section and state governance bodies.  Superintendent's or Principal's Name Kelly Cooperate Rocked  Address 425 (asthe Rocked)  Phone 925 936-0900 FAX	hool's governing boards in order to be eligible to			

Please complete the form below for each school under your jurisdiction and **RETURN TO THE CIF SECTION** 

<u>fred</u> School District/Governing Board at its

OFFICE (ADDRESSES ON REVERSE SIDE) no later than June 28, 2023.

(Name of school district/governing board)

	appointed the following individual(s) to serve for the 2023-2024 school year as the school's league						
	representative:						
	PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES						
	11.20						
*	NAME OF SCHOOL YVH5						
	NAME OF REPRESENTATIVE BRIANA ZIRLIUSKI	POSITION ATHLA					
	ADDRESS 755 OAK RO	CITY CONCORD	ZIP 9451 8				
	PHONE 925-457-9343FAX	E-MAIL ZIPLINS	skb & MOUSO. oeg				
	****************	******	******				
X	NAME OF SCHOOL Y V IT S	10 m 10 m 20 m 20 m 20 m 20 m 20 m 20 m	*				
110	NAME OF REPRESENTATIVE AMANDA LOUSKIN		PRINCIPAL				
	ADDRESS 755 OAK GO	CITY CONCURD	ZIP 94518				
	PHONE 707-980-1823 FAX	E-MAIL loushina	@MOUSO. 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					
	and the second s						
	If the designated representative is not available for a given lea	_					
	district governing board may be sent in his/her place. <b>NOTE</b> :						
	private schools must be designated representatives of the sch	oors governing boards	in order to be engible to				
	serve on the section and state governance bodies	-	$\sim$ $i$				
	Superintendent's or Principal's Name	Signature SUM	VATHAN YILR				
	// //		VATHAN PILLE Zip 94518				
	Address 755 OAK RO //	City CONCOUR	Zip 94310				
	Phone 925-685-8414 FAX						