

## 2025-2026 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 27, 2025.

Mt. Diablo Unified School District/Governing Board at its \_\_\_\_\_ meeting,  
(Name of school district/governing board) (Date)  
appointed the following individual(s) to serve for the 2025-2026 school year as the school's league representative:

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

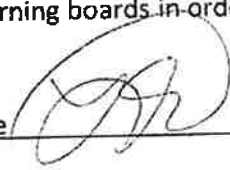
NAME OF SCHOOL College Park High School  
NAME OF REPRESENTATIVE Levirt Griffin POSITION Principal  
ADDRESS 201 Viking Drive CITY Pleasant Hill ZIP 94523  
PHONE 925-682-7670 FAX \_\_\_\_\_ E-MAIL griffinl@mdusd.org  
\*\*\*\*\*

NAME OF SCHOOL College Park High School  
NAME OF REPRESENTATIVE Neal Finch POSITION Vice Principal  
ADDRESS 201 Viking Drive CITY Pleasant Hill ZIP 94523  
PHONE 925-682-7670 FAX \_\_\_\_\_ E-MAIL finchn@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 Levirt Griffin Signature   
Address 201 Viking Drive City Pleasant Hill Zip Pleasant Hill  
Phone 925-682-7670 Fax \_\_\_\_\_

**PLEASE RETURN THIS FORM DIRECTLY TO THE CIF SECTION OFFICE**

## 2025-2026 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 27, 2025.**

Mt. Diablo Unified School District/Governing Board at its 4-23-25 meeting,  
(Name of school district/governing board) (Date)  
appointed the following individual(s) to serve for the 2025-2026 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 as acting principal POSITION Principal  
ADDRESS 4300 Concord Blvd. CITY Concord ZIP 94521  
PHONE (925) 687-2636 FAX --- E-MAIL macKinnon.j@mbusd.org  
\*\*\*\*\*

NAME OF SCHOOL Concord High School  
NAME OF REPRESENTATIVE Paul Harrison as acting principal POSITION Assistant Principal  
ADDRESS 4300 Concord Blvd. CITY Concord ZIP 94521  
PHONE (925) 687-2636 FAX --- E-MAIL harrison.p@mbusd.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 Julene MacKinnon  
Address 1936 Curtina Drive City Concord Zip 94519  
Phone (925) 687-2000 Fax ---

**PLEASE RETURN THIS FORM DIRECTLY TO THE CIF SECTION OFFICE**

## 2025-2026 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 27, 2025**.

\_\_\_\_\_ School District/Governing Board at its \_\_\_\_\_ meeting,  
(Name of school district/governing board) (Date)  
appointed the following individual(s) to serve for the 2025-2026 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 \_\_\_\_\_ POSITION Acting Athletic Director  
ADDRESS 2450 Grant St. CITY \_\_\_\_\_ ZIP 94520  
PHONE 925-682-4030 E-MAIL mangelsdorfe@mdusd.org  
\*\*\*\*\*  
or  
mccainm@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 \_\_\_\_\_  
\*\*\*\*\*

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 Mr. Markell McCain Signature Markell McCain  
Address 2450 Grant Rd City Concord Zip 94520  
Phone 925-682-4030 Fax \_\_\_\_\_

**PLEASE RETURN THIS FORM DIRECTLY TO THE CIF SECTION OFFICE**

## 2025-2026 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 27, 2025.

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

appointed the following individual(s) to serve for the 2025-2026 school year as the school's league representative:

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

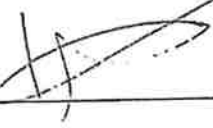
NAME OF SCHOOL Northgate High School  
NAME OF REPRESENTATIVE Kelly Cooper POSITION Principal  
ADDRESS 425 Castle Rock Rd CITY Walnut Creek ZIP 94598  
PHONE 9259380900 FAX \_\_\_\_\_ E-MAIL cooperk@mdusd.org  
\*\*\*\*\*

NAME OF SCHOOL Northgate High School  
NAME OF REPRESENTATIVE Tyler Rosecrans POSITION Vice Principal  
ADDRESS 425 Castle Rock Rd CITY Walnut Creek ZIP 94598  
PHONE 9259380900 FAX \_\_\_\_\_ E-MAIL rosecranst@mdusd.org  
\*\*\*\*\*

NAME OF SCHOOL Northgate High School  
NAME OF REPRESENTATIVE Benjamin Ballard POSITION Athletic Director  
ADDRESS 425 Castle Rock Rd CITY Walnut Creek ZIP 94598  
PHONE 9259380900 FAX \_\_\_\_\_ E-MAIL ballardb@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 Kelly Cooper Signature 

Address 425 Castle Rock Rd City Walnut Creek Zip 94598

Phone 9259380900 Fax \_\_\_\_\_

**PLEASE RETURN THIS FORM DIRECTLY TO THE CIF SECTION OFFICE**

## 2025-2026 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 27, 2025.

Mt. Diablo Unified School District/Governing Board at its \_\_\_\_\_ meeting,  
(Name of school district/governing board) (Date)  
appointed the following individual(s) to serve for the 2025-2026 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 Peter Crutchfield POSITION Principal  
ADDRESS 755 Oak Grove Road CITY Concord ZIP 94518  
PHONE (925) 685-8414 FAX \_\_\_\_\_ E-MAIL crutchfieldp@mdusd.org

\*\*\*\*\*

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 zielinskib@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 Peter Crutchfield Signature Peter Crutchfield  
Address 755 Oak Grove Road City Concord Zip 94518  
Phone (925) 685-8414 Fax \_\_\_\_\_

**PLEASE RETURN THIS FORM DIRECTLY TO THE CIF SECTION OFFICE**