Please complete the form below for each school under your jurisdiction and <u>RETURN TO THE CIF</u>
<u>SECTION OFFICE</u> no later than June 27, 2025.

Mt. Diablo Unified	School District/Governing Board at its	meeting,
(Name of school district/governing heard)		ite)
annointed the following individual(s)	to serve for the 2025-2026 school year as the scho	ool's league
representative:		
•	FORM TO LIST ADDITIONAL SCHOOL REPRESENTA	TIVES
PHOTOCOPY THIS	FORM TO LIST ADDITIONAL SCHOOL REF RESERVE	
	Partice P	
NAME OF SCHOOL College Park High	most Deleginal	
NAME OF REPRESENTATIVE Levirt Grif	1101 2007/00 - Post State State 1701 1901	ZIP 94523
ADDRESS 201 Viking Drive	E-MAIL griffinl@mdusd.	
PHONE 925-682-7670 FAX	E-VIAIL GITTING	*****
NAME OF SCHOOL College Park High		1
NAME OF REPRESENTATIVE Neal Finch		ZIP 94523
ADDRESS 201 Viking Drive		
PHONE 925-682-7670 FAX	E-MAIL finchn@mdusd.	
	POSITION	
NAME OF REPRESENTATIVE		ZIP
	CITY E-MAIL	
PHONE FAX ************************************		****
	POSITION	
NAME OF REPRESENTATIVE	CITY	ZIP
ADDRESS	C.KANIII	
PHONE FAX	E-MAIL	
	not available for a given <u>league</u> meeting, an alterna	te designee of the
If the designated representative is r	nt in his/her place. NOTE: League representatives	from public school
district governing board may be ser	it in his/her place. Note: League representatives	n-order to be eligit
private schools must be designated	representatives of the school's governing boards i	13 == = 18
serve on the section and state gove	ernance podies.	2)
e de la companya de l	ne Levirt Griffin Signature	U
Superintendent's or Principal's Nam	le Leviit Giliili	
Address 201 Viking Drive	City Pleasant Hill	Zip Pleasant Hi
Addition		
Phone 925-682-7670	Fax	

Mt. Dialli, Unities School District/Gover		72.17
	ning Board at its	# meeting,
(Name of school district/governing board)		(mara)
oppointed the following individual(s) to serve for the 2025-20	26 school year as the s	CUOOL2 league
epresentative:		
PHOTOCOPY THIS FORM TO LIST ADDITION	IAL SCHOOL REPRESEN	TATIVES
PHOTOCOPT THIS TORW TO LIST TIES		
IAME OF SCHOOL CONCORD High School		
NAME OF REPRESENTATIVE JULIAN PROCESSES OF DURY FOR	NIPOSITION 11/2 ALL	0
NDDRESS Miles Convol (IL).	CITY COACHE	ZIP GUSI
PHONE (9)) \$7. Lose FAX	E-MAIL Phat Linnie	11 moust on
· 库非本本要本本水南南本安全 医张格林斯 李明	**********************	*****
NAME OF SCHOOL COSCUE MAN TESAN		R. A. C.
NAME OF REPRESENTATIVE (NAME (Anim) on Auto, (A	POSITION	5 cd (* 94)))
ADDRESS 4300 Comes Mind.	CITY CINING	2.11
PHONE (41) 617-36 1 FAX	E-MAIL hallydme	2 mévil. us)
NAME OF SCHOOL NAME OF REPRESENTATIVE	POSITION	ZIP
ADDRESS	CITY	
PHONE FAX	E-MAIL	*****

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

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 _____ (Name of school district/governing board) 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 REPRESENTATIVE ADDRESS 2450 beant NAME OF SCHOOL **POSITION** NAME OF REPRESENTATIVE CITY ADDRESS E-MAIL PHONE NAME OF SCHOOL POSITION NAME OF REPRESENTATIVE ZIP CITY ADDRESS E-MAIL FAX NAME OF SCHOOL POSITION NAME OF REPRESENTATIVE ZIP CITY ADDRESS E-MAIL FAX. PHONE 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. Markel Msignature Address 2450 Grant Rol City Concord Zip 94 Phone 925-682-4030

Please complete the form below for each school under your jurisdiction and <u>RETURN TO THE CIF</u>
<u>SECTION OFFICE</u> no later than June 27, 2025.

SECTION STREET NO 1010.		
Mount Diablo Unified School District/Go	overning Board at its	meeting,
(Manage of select district/governing board)	(1	Date)
appointed the following individual(s) to serve for the 2025	i-2026 school year as the scr	iool, s leagne
representative:		
PHOTOCOPY THIS FORM TO LIST ADDITI	IONAL SCHOOL REPRESENTA	ATIVES
PHOTOCOL I THIS TORRITO THE PROPERTY OF THE PR		
NAME OF SCHOOL Northgate High School		
NAME OF REPRESENTATIVE Kelly Cooper	POSITION Principal	
ADDRESS 425 Castle Rock Rd	CITY Walnut Creek	ZIP 94598
DUONE 0250380000 FAX	E-MAIL cooperk@mau	isa.org
*************************	***********	******
NAME OF SCHOOL Northgate High School		
NAME OF REPRESENTATIVE Tyler Rosecrans	POSITION Vice Princip	
ADDRESS 425 Castle Rock Rd		ZIP 94598
PHONE 0250280000 FAX	E-MAIL rosecranst@m	dusd.org
**************	**************	********
NAME OF SCHOOL Northgate High School		
NAME OF REPRESENTATIVE Benjamin Ballard		ctor
ADDRESS 425 Castle Rock Rd	CITY Walnut Creek	ZIP 94598
PHONE 9259380900 FAX	E-MAIL ballardb@mdL	
*****************	********	*****
NAME OF SCHOOL		
NAME OF REPRESENTATIVE	POSITION	
ADDRESS	CITY	ZIP
PHONE FAX	E-MAIL	
If the designated representative is not available for a give	en <u>league</u> meeting, an altern	ate designee of the
district governing hoard may be sent in his/her place. NO	OTE: League representative:	s from public schools
private schools must be designated representatives of th	e school's governing boards	in order to be eligib
serve on the section and state governance bodies.	1	\prec
	1	
Superintendent's or Principal's Name Kelly Cooper	Signature 1-1	
	City Walnut Creek	Zip 94598
Address 425 Castle Rock Rd	CILY WAITIUL CICER	Carpo C 1000
Phone 9259380900	Fax	
FILME		

Please complete the form below for each school under your jurisdiction and <u>RETURN TO THE CIF</u>
<u>SECTION OFFICE</u> no later than June 27, 2025.

Mt, Diablo Unified	School District/Gove	erning Board at its	meeting,
(Name of school district/governing bo	eard)		(Date)
appointed the following individ	ual(s) to serve for the 2025-2	:026 school year as the	school's league
representative:			
PLIOTO CORV	THIS FORM TO LIST ADDITIO	NAL SCHOOL REPRESEN	JTATIVES
PHOTOCOPY	IHIS FORIVI TO LIST ADDITIO	MAL SCHOOL KEI KESEN	11/11/120
oz coupou Verente Vall	au Lliah Cahaal		
NAME OF SCHOOL Ygnacio Vall		POSITION Principal	
NAME OF REPRESENTATIVE Peter		CITY Concord	ZIP 94518
ADDRESS 755 Oak Grove Road		E-MAIL crutchfieldp(
PHONE (925) 685-8414 F.	AX		
NAME OF SCHOOL Ygnacio Valle		POSITION Athletic D)irector
NAME OF REPRESENTATIVE Brian			ZIP 94518
ADDRESS 755 Oak Grove Road			
	FAX ************************************	E-MAIL zielinskib@r	
*********	:**********	\$ * * * * * * * * * * * * * * * * * * *	
NAME OF REPRESENTATIVE		POSITION	710
ADDRESS		CITY	ZIP
THORE	FAX	E-MAIL	
********	********	*******	***
NAME OF SCHOOL			
NAME OF REPRESENTATIVE		POSITION	
ADDRESS		CITY	ZIP
PHONE	FAX	E-MAIL	
If the designated representative	re is not available for a given	<u>league</u> meeting, an alte	rnate designee of the
district governing board may b	e sent in his/her place. NOT	E: League representativ	ves from public school
private schools must be design	nated representatives of the s	school's governing boar	ds in order to be eligib
serve on the section and state			
		5. /	Cartale Cal
Superintendent's or Principal's	Name Peter Crutchfield	Signature Peter	· Crutchfield
			Zip 94518
Address 755 Oak Grove Road		City Concord	ZID 34010
Phone (925) 685-8414		Fax	
Phone <u>(925) 685-8414</u>		I UA	