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.**

_____ School District/Governing Board at its _____ 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 San Leandro High School
NAME OF REPRESENTATIVE Linda Granger POSITION Principal
ADDRESS 2200 Bancroft Ave CITY San Leandro ZIP 94577
PHONE 510-618-4600 FAX 510-347-1064 E-MAIL lgranger@sanleandro.k12.ca.us

****

NAME OF SCHOOL San Leandro High School
NAME OF REPRESENTATIVE Jerome Manos POSITION Athletic Director
ADDRESS 2200 Bancroft Ave CITY San Leandro ZIP 94577
PHONE 510-618-4600 FAX 510-614-7808 E-MAIL jmanos@sanleandro.k12.ca.us

****

NAME OF SCHOOL San Leandro High School
NAME OF REPRESENTATIVE Jeanette Wood POSITION Athletic Director
ADDRESS 2200 Bancroft Ave CITY San Leandro ZIP 94577
PHONE 510-618-4600 FAX 510-614-7808 E-MAIL jwood@sanleandro.k12.ca.us

****

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 Linda Granger Signature _____

Address 2200 Bancroft Ave City San Leandro Zip 94577

Phone 510-618-4600 ext 2162 Fax 510-347-1064

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