

CIF/CENTRAL COAST SECTION

FORM 502

6830 Via Del Oro, Suite 103
San Jose CA 95119
408-224-2994 408-224-0476 (FAX)
info@cifccs.org (e-mail) www.cifccs.org



REQUEST FOR PERMISSION TO COMPETE WITH A NON-CIF TEAM

Please use this form for any single-game (non-tournament) contests between a CCS member school and schools who are not CIF members. **DO NOT USE THIS FORM FOR:**

- Tournaments hosted by CCS member schools must have CCS approval--(use CCS Tournament Sanctioning Application)
- Alumni, faculty games-per CCS bylaws you are allowed 1 of these type of contests per sport per season, without having to request approval.

CIF RULE 502

No School belonging to the CIF shall compete with any team outside the jurisdiction of the Federation without the consent of the CIF Section involved. A school disregarding this rule may be barred from participation in that sport during the following season.
(See CIF Rules [503](#), [504](#), [505](#) and [305](#))

INSTRUCTIONS

The Principal shall request approval from the CCS Commissioner by completing the form below and forwarding to their **LEAGUE COMMISSIONER** for his/her recommendation. The LEAGUE COMMISSIONER will then forward the form to the CCS Commissioner for final approval/denial.

FORMS THAT ARE NOT SUBMITTED TO CCS A MINIMUM OF 7 DAYS IN ADVANCE OF THE CONTEST--ARE NOT GUARANTEED TO BE PROCESSED IN TIME FOR APPROVAL!

(See CIF 502 above for serious sanctions against participating in an unapproved contest!)

1. **CCS MEMBER SCHOOL** _____ **LEAGUE** _____

2. **DATES OF COMPETITION : M T W TH F SA** _____, 200_____

3. **SPORT:** _____ **BOYS** **GIRLS**

4. **TEAMS:** (e.g. Varsity, JV, Frosh/Soph) _____ **versus**

5. **OPPONENT:** (e.g. alumni, faculty, other school team name) _____.

6. **If Opponent is a non-CIF member school, please indicated locati on (city and state) of such opponent** _____

7. **Please provide any other information you wish to be considered by your League or the CCS Commissioner:**

8. **CCS Member School Principal's Signature** _____ **Date** _____

LEAGUE COMMISSIONER'S RECOMMENDATION: YES _____ **NO** _____

LEAGUE COMMISSIONER'S SIGNATURE _____ **Date** _____

CCS Commissioner's Action: **GRANTED** **DENIED**

CCS COMMISSIONER'S SIGNATURE: _____ **Date** _____