



CIF/CENTRAL COAST SECTION
6830 Via Del Oro, Suite 103,
San Jose CA 95119
408-224-2994 / 408-224-0476 (FAX)
www.cifccs.org

FOOTBALL STATE CIF CHAMPIONSHIP
INTENT TO PARTICIPATE DECLARATION

**THIS DECLARATION MUST BE RETURNED/FAXED TO THE CCS
OFFICE BY FRIDAY, NOVEMBER 17, 2006**

If selected to participate in the 2006 CIF State Football Championship Bowl

Games, _____ School

_____ **WILL PARTICIPATE** _____ **WILL NOT PARTICIPATE**
(Please check one)

School Principal signature

Date

Head Coach signature

**If your school chooses to participate, if selected, do you know if your band
would like to perform at half time?**

_____ **YES** _____ **NO** _____ **DON'T KNOW**
(please check one)

**If you don't know about your band, please inform the state tournament
director at the CIF Office (510-521-4447) no later than the information/press
conference on Monday, December 11, 2006.**