

**CCS FOOTBALL SEASON  
SUMMARY SHEET**

(entry-seeding & at-large form)

California Interscholastic Federation  
**Central Coast Section**

Governance of H.S. Athletic Programs  
from San Francisco to King City

**SCHOOL NAME** \_\_\_\_\_ **LEAGUE** \_\_\_\_\_

All Automatic Qualifiers AND those wishing to be considered for At-Large selection **MUST** complete **all portions (1-5)** of the form below and make sure BOTH pages are received in the CCS Office before the beginning of the CCS Football Seeding Meeting on **November 16, 2008**, in order to be entered or considered for entry into the CCS Football Play-offs. If your form is not submitted by this deadline, or is incomplete (you are allowed to add any games that are played after you have submitted this form), your team will not be allowed to participate in the CCS Play-offs.

**1.**

\_\_\_\_\_ High School of the \_\_\_\_\_ League, which is classified as a(n) \_\_\_\_\_ (A, B, or C) League, is submitting this form for the CCS Football Championships as follows: (Check the one that applies)

\_\_\_\_\_ We are an Automatic Qualifier into the CCS Play-offs and submit this information for entry and seeding purposes. **OR**

\_\_\_\_\_ We are applying for an At-large berth in the CCS Play-offs and submit this information for entry consideration and seeding if selected.

**2. REQUIRED INFORMATION\*** (Coach's contact info for CCS internal use only)

\*COACH \_\_\_\_\_  
(please print first and last name)

\*Home Phone# (\_\_\_\_\_) \_\_\_\_\_

\*OVERALL SEASON RECORD \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Work Phone# (\_\_\_\_\_) \_\_\_\_\_

\*LEAGUE RECORD \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

\*LEAGUE FINISH \_\_\_\_\_

E-MAIL: \_\_\_\_\_

\*Co Champ? \_\_\_\_\_ Tri Champ? \_\_\_\_\_

**3. Coach's statement (\*signature required)**

By my signature below, I attest that the following information about our school team is accurate to the best of my knowledge. I further understand that if it is discovered that anyone associated with our school knowingly provided false information herein, that serious, negative consequences will affect our school's athletic program and our participation in the CCS Play-offs, per CIF and CCS Fraud Bylaws.

\*Head Coach Signature \_\_\_\_\_ Date \_\_\_\_\_

League Representatives MUST make sure both pages of this form are received in the CCS Office PRIOR TO THE BEGINNING OF THE CCS FOOTBALL SEEDING MEETING.

**4. SCHOOL NAME:** \_\_\_\_\_

	<u>Date of Contest</u>	<u>Opponent</u>	<u>Opponent League Class (A,B,C)</u>	<u>Win/Loss/Tie</u>	<u>League, Co-, Tri-Champion</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

**5. COMPUTATION OF POINTS**

# OF WINS: _____	X 2 =	_____
# OF TIES: _____	X 1 =	+ _____
# OF GAMES vs. "A" teams: _____	X 1 =	+ _____
# OF GAMES vs. "B" teams: _____	X 1/2 (0.5) =	+ _____
# OF GAMES vs. League Champs: _____	X 1** =	+ _____
Current year game vs. DeLaSalle HS: _____	X 1 =	+ _____
BEING A LEAGUE CHAMPION: ("A"-2.5; "B"-2; "C"-1.5)** =		+ _____
FORMULA FOR 9-GAME SCHEDULE (if applicable)		+ _____
<b><u>TOTAL COMPUTED POINTS FOR YOUR TEAM</u></b>		= _____

\*\* 1/2 if Co-Champ; 1/3 if Tri-Champ; etc

**BOTH PAGES** due in the CCS Office prior to the beginning of the Football Seeding Meeting  
**NOVEMBER 16, 2008**

CCS FAX: 408-224-0476; Call: 408-224-2994 OR  
 e-mail Howard at: [hjensen@cifccs.org](mailto:hjensen@cifccs.org)  
 (e-mailed forms must be followed by faxed or delivered, signed copies)