



California Interscholastic Federation

Marie Ishida, Executive Director

STATE OFFICE

333 Hegenberger Road, Suite 511, Oakland, CA 94621-1462

Tel: (510) 639-4445 - FAX: (510) 639-4449

www.cifstate.org

TO: SUPERINTENDENT / PRINCIPAL FOR PRIVATE SCHOOLS

FROM: MARIE ISHIDA

RE: ENCLOSED FORM TO RECORD DISTRICT AND/OR SCHOOL REPRESENTATIVES TO LEAGUES

DATE: APRIL 29, 2005

Enclosed is a form upon which to record your district and/or school representatives to leagues for next year 2005-2006. It is a form sent every year to you in order to obtain the names of league representatives to every league in the state and to make sure that the league representatives are designated by school district (or school) governing boards. It is a legal requirement that league representatives be so designated.

The education code gives the authority for high school athletics to high school governing boards. The code also requires that the boards, after joining CIF, designate their representatives to CIF leagues. This is a necessity! (Ed. Code 33353 (a) (1))

We are asking that, after action by the governing board, you send the names of league representatives to your CIF Section office. Obviously, the presumption behind this code section is that the representatives of boards are the only people who will be voting on issues, at the league and section level, that impact athletics.

If a governing board does not take appropriate action to designate representatives or this information is not given to Section offices within the required time frame, CIF is required to suspend voting privileges (CIF Constitution, Article 2, Section 25, p.16) for the affected schools.

At the State Federated Council level we will be asking that Sections verify that their representatives are designated in compliance with this Ed. Code section.

I hope this gives you a bit of background. Thank you for all you do to help support high school athletics. It is a valuable program in all high schools and we appreciate the support you give to the program and to CIF.

Please return the enclosed form by the date indicated on the form. Please contact us if we can give you further information.

:pc



www.cifstate.org

California Interscholastic Federation

Marie Ishida, Executive Director

STATE OFFICE

333 Hegenberger Road, Suite 511, Oakland, CA 94621

Tel: (510) 639-4445 - FAX: (510) 639-4449

2006-2007 Designation of CIF Representatives to League

Please complete the form below for each school under your jurisdiction and return to the **CIF SECTION OFFICE (ADDRESS ON REVERSE SIDE)** no later than July 1, 2006.

_____ School District/Governing Board at its _____ meeting,
(name of school district/governing board) (date)
appointed the following individual(s) to serve for the 2004-2005 school year as the school's league representative:

PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES

NAME OF SCHOOL _____

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

Alternate: _____ Position: _____

NAME OF SCHOOL _____

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

Alternate: _____ Position: _____

NAME OF SCHOOL _____

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

Alternate: _____ Position: _____

NAME OF SCHOOL _____

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

Alternate: _____ Position: _____

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 Name (print) _____ Superintendent's Signature _____
Address _____ City _____ Zip _____
Phone _____ Fax _____

**PLEASE MAIL OR FAX THIS FORM DIRECTLY TO THE CIF SECTION,
CCS 6830 Via Del Oro, Suite 103, San Jose CA 95119 FAX 408-224-0476**