

**2019-2020 Designation of CIF Representative 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 August 1, 2019.

Berkeley Unified School District/Governing Board at its \_\_\_\_\_ meeting,  
(Name of school district/governing board) (Date)  
appointed the following individual(s) to serve for the 2019-2020 school year as the school's league representative:

**PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES**

NAME OF SCHOOL Berkeley High  
NAME OF REPRESENTATIVE Principal POSITION \_\_\_\_\_  
ADDRESS 1980 Alston Wy CITY Berkeley ZIP 94704  
PHONE 510-644-6121 FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAME OF SCHOOL Berkeley High  
NAME OF REPRESENTATIVE Vice Principal POSITION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY Berkeley ZIP 94704  
PHONE 510-644-6121 FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_  
NAME OF REPRESENTATIVE Athletic Director POSITION \_\_\_\_\_  
ADDRESS 1980 Alston Wy CITY Berkeley ZIP 94704  
PHONE 510-644-6121 FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

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 ERIN Schweng Signature [Signature]  
Address 1980 Alston Wy City Berkeley Zip 94704  
Phone 510-644-6121 Fax \_\_\_\_\_

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