

2020-2021 Designation of CIF Representatives 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 June 28, 2020.**

Santa Rosa City Schools School District/Governing Board at its June 10, 2020 meeting,
(Name of school district/governing board) (Date)
appointed the following individual(s) to serve for the 2020-2021 school year as the school's league representative:

PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES

NAME OF SCHOOL Santa Rosa High School
NAME OF REPRESENTATIVE Principal, Assistant Principal & POSITION Athletic Directors
ADDRESS 1235 Mendocino Ave. CITY Santa Rosa ZIP 95401
PHONE 707-890-3850 FAX E-MAIL kclissold@srcs.k12.ca.us

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

NAME OF SCHOOL
NAME OF REPRESENTATIVE POSITION
ADDRESS CITY ZIP
PHONE 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 Diann Kitamura Signature 

Address 211 Ridgway Ave. City Santa Rosa Zip 95401

Phone 707-890-3800 ext 80101 Fax _____

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SEE FOLLOWING PAGE FOR CIF SECTION OFFICE CONTACT INFORMATION.

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NAME OF SCHOOL Elsie Allen High School

<u>NAME OF REPRESENTATIVE Principal, Asistant Principal &</u>	<u>POSITION Athletic Director</u>
<u>ADDRESS 599 Bellevue Ave.</u>	<u>CITY Santa Rosa ZIP 95407</u>
<u>PHONE 707-890-3810 FAX</u>	<u>E-MAIL cthornhill@srcs.k12.ca.us</u>

NAME OF SCHOOL Maria Carrillo High School

<u>NAME OF REPRESENTATIVE Principal, Asistant Principal &</u>	<u>POSITION Athletic Director</u>
<u>ADDRESS 6975 Montecito Blvd.</u>	<u>CITY Santa Rosa ZIP 95409</u>
<u>PHONE 707-890-3820 FAX</u>	<u>E-MAIL aettedgui@srcs.k12.ca.us</u>

NAME OF SCHOOL Montgomery High School

<u>NAME OF REPRESENTATIVE Principal, Asistant Principal &</u>	<u>POSITION Athletic Director</u>
<u>ADDRESS 1250 Hahman Dr.</u>	<u>CITY Santa Rosa zip 95405</u>
<u>PHONE 707-890-3830 FAX</u>	<u>E-MAIL eposberg@srcs.k12.ca.us</u>

NAME OF SCHOOL Piner High School

<u>NAME OF REPRESENTATIVE Principal, Asistant Principal &</u>	<u>POSITION Athletic Director</u>
<u>ADDRESS 1700 Fulton Rd.</u>	<u>CITY Santa Rosa ZIP 95403</u>
<u>PHONE 707-890-3840 FAX</u>	<u>E-MAIL sdesideri@srcs.k12.ca.us</u>

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Superintendent's or Principal's Name Diann Kitamura Signature 

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