## 2016-2017 Designation of CIF Representatives to League

OFFICE (ADDRESSES ON REVERSE SIDE) no later than June 29, 2016.		
	erning Board at its $\frac{2/2}{}$	-(17 meeting,
(Name of school district/governing board)		(Date)
appointed the following individual(s) to serve for the 2016-2017 school year as the school's league		
representative:		
PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES		
NAME OF SCHOOL Willows High School		
NAME OF REPRESENTATIVE Time Attum	POSITION AD JAP	)
ADDRESS 203 N Murdock Ave	CITY Willozos	ZIP 95988
PHONE 530-934-6611 FAX 530-934-6619	E-MAIL +drawy(0 W	· · · · · · · · · · · · · · · · · · ·
****************		******
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 <u>league</u> meeting, an alternate designee of the district governing board may be sent in his/her place. <b>NOTE:</b> 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 Dauld Thustore Signature  Address 203 N. Mwdock Ave City Willows Zip 95988		
Phone <u>530 - 934 - 6611</u>	Fax 530-934-	6619

PLEASE MAIL OR FAX THIS FORM DIRECTLY TO THE  $\underline{\text{CIF SECTION OFFICE}}$ . SEE REVERSE SIDE FOR CIF SECTION OFFICE ADDRESSES.