2017-2018 Designation of CIF Representatives to League

Please complete the form below for each school under your jurisdiction and <u>RETURN TO THE CIF SECTION</u> <u>OFFICE</u> (ADDRESSES ON REVERSE SIDE) no later than June 30, 2017.

Willows Unified	School District/Governing Board at its June 2017	meeting		
(Name of school district/governing board)	(Date)			
appointed the following individual(s) to serve for the 2017-2018 school year as the school's league				
representative:	-	•		

PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES

NAME OF SCHOOL Willows High	n School				
NAME OF REPRESENTATIVE Tim	Drury	POSITION Asst Princ	cipal/Athletic Director		
ADDRESS 203 N. Murdock Avenue		CITY Willows	ZIP 95988		
PHONE 530-934-6611	-AX 530-934-6619	E-MAIL tdrury@willowsunified.org			

NAME OF SCHOOL Willows High	n School				
NAME OF REPRESENTATIVE Davi	d Johnstone	POSITION Principal			
ADDRESS 203 N. Murdock Ave	nue	CITY Willows	ZIP 95988		
PHONE 530-934-6611	FAX 530-934-6619	E-MAIL djohnstone@	willowsunified.org		

NAME OF SCHOOL Willows High	School				
NAME OF SCHOOL Willows High NAME OF REPRESENTATIVE Mort		POSITION Superinten	dent		
	Geivett	POSITION Superinten	dent ZIP 95988		
NAME OF REPRESENTATIVE Mort	Geivett		ZIP 95988		
NAME OF REPRESENTATIVE Mort	Geivett FAX 530-934-6609	CITY Willows E-MAIL mgeivett@wil	ZIP 95988 llowsunified.org		
NAME OF REPRESENTATIVE Mort ADDRESS 823 W. Laurel Street PHONE 530-934-6600	Geivett FAX 530-934-6609	CITY Willows E-MAIL mgeivett@wil	ZIP 95988 llowsunified.org		
NAME OF REPRESENTATIVE Mort ADDRESS 823 W. Laurel Street PHONE 530-934-6600	Geivett FAX 530-934-6609	CITY Willows E-MAIL mgeivett@wil	ZIP 95988 llowsunified.org		
NAME OF REPRESENTATIVE Mort ADDRESS 823 W. Laurel Street PHONE 530-934-6600 *********************************	Geivett FAX 530-934-6609	CITY Willows E-MAIL mgeivett@wil ***********************************	ZIP 95988 llowsunified.org		
NAME OF REPRESENTATIVE Mort ADDRESS 823 W. Laurel Street PHONE 530-934-6600 **********************************	Geivett FAX 530-934-6609	CITY Willows E-MAIL mgeivett@wil ***********************************	ZIP 95988 llowsunified.org *******		

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. **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.

Superinte	endent's or Principal's Name <u>David Johnstone</u>	Signature	
Address _	203 N. Murdock Avenue	City Willows	Zip 95988
Phone	530-934-6611	Fax 530-934-6619	

PLEASE MAIL OR FAX THIS FORM DIRECTLY TO THE <u>CIF SECTION OFFICE</u>.

SEE REVERSE SIDE FOR CIF SECTION OFFICE ADDRESSES.