

2022-2023 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, 2022**.

Santa Rosa City Schools School District/Governing Board at its 6/8/22 meeting,
(Name of school district/governing board) (Date)

appointed the following individual(s) to serve for the 2022-2023 school year as the school's league representative:

PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES

NAME OF SCHOOL Elsie Allen High School
NAME OF REPRESENTATIVE Principal & Assistant Principal POSITION
ADDRESS 599 Bellevue Ave. CITY Santa Rosa ZIP 95407
PHONE (707)890-3810 FAX E-MAIL galbavera@srcs.k12.ca.us

NAME OF SCHOOL Maria Carrillo Hlgh School
NAME OF REPRESENTATIVE Principal & Assistant Principal POSITION
ADDRESS 6975 Montecito Blvd. CITY Santa Rosa ZIP 95409
PHONE (707)890-8320 FAX E-MAIL mluke@srcs.k12.ca.us

NAME OF SCHOOL Montgomery High School
NAME OF REPRESENTATIVE Principal & Assistant Principal POSITION
ADDRESS 1250 Hahman Drive CITY Santa Rosa ZIP
PHONE (707) 890-3840 FAX E-MAIL apaulson@srcs.k12.ca.us

NAME OF SCHOOL Piner High School
NAME OF REPRESENTATIVE Principal & Assistant Principal POSITION
ADDRESS 1700 Fulton Rd. CITY Santa Rosa ZIP 95403
PHONE (707)890-3840 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 Anna Trunnell Signature _____

Address 211 Ridgway Ave City Santa Rosa Zip 95401

Phone (707) 890-3800 FAX _____

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SEE FOLLOWING PAGE FOR CIF SECTION OFFICE CONTACT INFORMATION.**

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NAME OF SCHOOL Santa Rosa High School
NAME OF REPRESENTATIVE Principal & Assistant Principal POSITION
ADDRESS 1235 Mendicino 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 I _____ POSITION _____
ADDRESS _____ CITY _____ ZIP _____
PHONE _____ FAX _____ E-MAIL _____

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

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