

**CIF SOCAL REGIONAL BOYS VOLLEYBALL CHAMPIONSHPS
SCHOOL CONFIDENTIAL CONTACT INFO**

****PLEASE TYPE OR PRINT CLEARLY****

(Required for entry, seeding and at-large)

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CIF Section _____

Division (circle): I II III

SCHOOL NAME _____ LEAGUE _____

Address _____ City _____ Zip _____

School Phone: (____) _____ School Fax: (____) _____

Mascot _____ Colors _____

Principal: _____ Work Phone: (____) _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email _____

Athletic Director: _____ Work Phone: (____) _____

Athletic Phone: (____) _____ Athletic Fax: (____) _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email _____

Head Coach : _____ Work Phone: (____) _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email _____

After the Seeding Meeting on Sunday, May 23, 2010 the following person should be contacted:

Please call _____ at (____) _____ or email _____

_____ We do not play Home Matches at our site.

If we receive a Home Match it will be played at _____

CIF SOCAL REGIONAL VOLLEYBALL SEASON SUMMARY FORM

PLEASE TYPE OR PRINT CLEARLY

(Required for entry, seeding and at-large)

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SCHOOL NAME _____

Division (circle): I II III

WIN/LOSS RECORD: Overall: _____ League: _____

Non-Tournament Information:

*List Matches in Chronological Order

*List all non-tournament matches that consisted of three of five games against a common opponent, played to twenty-five.

*Place an asterisk by all league games.

***Do NOT include ANY tournament games or matches here.**

Date	Results W/L	OPPONENT	SCORES			
			yours	/	opponent's	/
1.			/	/	/	/
2.			/	/	/	/
3.			/	/	/	/
4.			/	/	/	/
5.			/	/	/	/
6.			/	/	/	/
7.			/	/	/	/
8.			/	/	/	/
9.			/	/	/	/
10.			/	/	/	/
11.			/	/	/	/
12.			/	/	/	/
13.			/	/	/	/
14.			/	/	/	/
15.			/	/	/	/
16.			/	/	/	/
17.			/	/	/	/
18.			/	/	/	/
19.			/	/	/	/
20.			/	/	/	/
21.			/	/	/	/
22.			/	/	/	/
23.			/	/	/	/
24.			/	/	/	/
25.			/	/	/	/

Coach's statement (*signature required)

By my signature below, I attest that the information submitted about our school team is accurate to the best of my knowledge. I further understand that if it is discovered that anyone associated with our school knowingly provided false information herein, that serious, negative consequences will affect our school's athletic program and our participation in the playoffs, per the CIF Fraud Bylaws.

***Head Coach Signature** _____ **Date** _____

CIF SOCAL REGIONAL VOLLEYBALL SEASON SUMMARY FORM

****PLEASE TYPE OR PRINT CLEARLY****

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SCHOOL NAME _____

DIVISION: I II III

Tournament Information

Please list all participating teams in any tournaments below.

However, only two out of three or three out of five regulations matches to 25 should be included in your **overall season record.**)

Name of Tournament: _____

Name of Tournament: _____

Location: _____ **Date:** _____

Location: _____ **Date:** _____

Pool Play (Mark any 2 of 3 or 3/5 matches with *)

Pool Play (Mark any 2 of 3 or 3/5 matches with *)

OPPONENT GAME SCORES

OPPONENT GAME SCORES

(Indicate win or loss (W/L))

(Indicate win or loss (W/L))

Regulation Match Play (2/3 or 3/5 matches only)

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OPPONENT GAME SCORES

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(Indicate win or loss (W/L))

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Tournament Finish (E.g. Champion, Runner-up, 4th place in gold, silver division)

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Name of Tournament: _____

Location: _____ **Date:** _____

Location: _____ **Date:** _____

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SCHOOL NAME _____

DIVISION: I II III

SECTION RESULTS

Date: _____ Opponent _____ Scores _____ W ___ L ___

Date: _____ Opponent _____ Scores _____ W ___ L ___

Date: _____ Opponent _____ Scores _____ W ___ L ___

Date: _____ Opponent _____ Scores _____ W ___ L ___

STRENGTH OF SCHEDULE—Record & scores against your strongest 6-8 opponents

Opponent: _____ Scores _____ Opponent: _____ Scores: _____

Opponent: _____ Scores _____ Opponent: _____ Scores: _____

Opponent: _____ Scores _____ Opponent: _____ Scores: _____

Opponent: _____ Scores _____ Opponent: _____ Scores: _____

Record against NON-SECTION teams, and/or those in this year's SoCal Tournament

Opponent: _____ Scores _____ Opponent: _____ Scores: _____

Opponent: _____ Scores _____ Opponent: _____ Scores: _____

Opponent: _____ Scores _____ Opponent: _____ Scores: _____

PREVIOUS SOCAL FINISH: (year and finish):

Other relevant information you believe would be helpful in the SoCal seeding process:

If these completed forms are not at the seeding meetings(s) referenced below, your team's participation in the tournament and your seeding may be seriously jeopardized!

THIS FORM IS DUE TO YOUR SECTION COMMISSIONER:

- **BEFORE SUNDAY, MAY 23, 2010 FOR THE CIF SOCAL REGIONAL TOURNAMENT**

• INCLUDE: TEAM PHOTO, COACHES' PHOTO, TEAM LOGO & FACILITY SPECIFICATION FORM
