

Confidential Information - Mandatory Completion

**Must be given to Section Commissioners during section championships
(This information will be used only by CIF staff)**

School Name: _____ Div. _____

School Address: _____

ZIP: _____

School Website: _____

School Phone: _____ School Fax: _____

Athletic Phone: _____ Athletic Fax: _____

PRINCIPAL INFORMATION:

School Principal: _____ Home Phone: _____

Cell Phone: _____ Email: _____

ATHLETIC DIRECTOR INFORMATION:

Athletic Director: _____ Home Phone: _____

Cell Phone: _____ Email: _____

COACH INFORMATION:

Coaches Name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

ADDITIONAL ADMINISTRATOR INFORMATION:

Administrator: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Please SAVE this document to your computer first and then fill out the form.

Email the completed form along with your TEAM photo,

and SCHOOL LOGO to CIF Media Relations Officer, Rebecca Brutlag at rbrutlag@cifstate.org

*****RETURN THIS FORM TO THE STATE CIF OFFICE NO LATER THAN THURSDAY, DECEMBER 3*****

School Name

City

Mascot

Colors

Head Coach

Email

Athletic Director

Email

Principal

Email

Overall Season Record

CIF Section

No more than 65 players will be listed in the program

TEAM ROSTER

Uniform Number

Name (First and Last)

Height (i.e. 5-11)

Weight

Year (9, 10, 11, 12)

Position (i.e. TE, OL, DL)