

**CIF VOLLEYBALL SEASON SUMMARY FORM--\*\*PLEASE TYPE\*\* (Required for entry)**

**SCHOOL NAME:** \_\_\_\_\_

**DIVISION:** \_\_\_\_\_

-Listed below are the results of all of our team's regular-season (Tournament pre-season & league) scheduled contests. Place an \* by all league matches; Place the # of the tournament you list at the bottom (e.g. 1, 2, 3) next to matches played in that tournament.



**WINS** \_\_\_\_\_ **LOSSES** \_\_\_\_\_

**OVERALL** \_\_\_\_\_

**LEAGUE:** \_\_\_\_\_

	Date	T#	Opponent	Sets won - sets lost	W or L?
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					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
	League				
	Playoffs				
	If Any				
	Your				
	Section				
	Results				

**TOURNAMENT #1**  
Name & Location: \_\_\_\_\_  
Division: \_\_\_\_\_  
Your Team's Finish in this Division: \_\_\_\_\_

**TOURNAMENT #2**  
Name & Location: \_\_\_\_\_  
Division: \_\_\_\_\_  
Your Team's Finish in this Division: \_\_\_\_\_

**TOURNAMENT #3**  
Name & Location: \_\_\_\_\_  
Division: \_\_\_\_\_  
Your Team's Finish in this Division: \_\_\_\_\_

**TOURNAMENT #4**  
Name & Location: \_\_\_\_\_  
Division: \_\_\_\_\_  
Your Team's Finish in this Division: \_\_\_\_\_

**TOURNAMENT #5**  
Name & Location: \_\_\_\_\_  
Division: \_\_\_\_\_  
Your Team's Finish in this Division: \_\_\_\_\_

By my signature below, I attest that the following information 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 Bylaw.

HEAD COACH SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ , \_\_\_\_

**CIF GIRLS 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** \_\_\_\_\_

**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 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 STATE VOLLEYBALL FACILITY SPECIFICATION FORM

**\*\*PLEASE TYPE\*\***

(Required for entry, seeding and at-large)

**PAGE 1 OF 3**

NOTE: This form MUST be submitted to your Section Commissioner prior to the regional seeding meeting.

SCHOOL: \_\_\_\_\_ DIVISION: \_\_\_\_\_

I, \_\_\_\_\_ principal of the above school, affirm by my signature below, that as a

HOST school for any round game in the 2013 CIF State Volleyball Championships that our site, or site arranged for by our school, meets all the minimum and recommended specifications listed below.

ROUND: \_\_\_\_ I \_\_\_\_ II \_\_\_\_ III \_\_\_\_ Regional Finals

SITE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

Address of site

\_\_\_\_ We do not play on our campus.

If you may need to play at more than one site please fill out a Facility Specification Form for all possible sites.

## MINIMUM AND RECOMMENDED EXPECTATIONS FOR SITES

1. The volleyball court and equipment must conform with all requirements stated in the National Federation volleyball rules book.
2. Rest room and dressing facilities are available for both teams (before and after the games).
3. There is adequate and safe lighted parking for spectators within a reasonable distance to the facility.
4. There are adequate rest room facilities for spectators.
5. There is a telephone, which is easily accessible in case of emergency.
6. The gymnasium may be secured and admission will be charged for the contest.
7. The gym's bleacher seating capacity exceeds 500.
8. Recommend ceiling height be 30' and clear of any obstructions above the playing surface.
9. Required playing surface must be either hardwood, Tartan or a synthetic floor system.  
If floor system is synthetic please identify
10. The public address system is in working order and will be used for the contest.
11. Required site personnel will be provided.

## ADDITIONAL SITE INFORMATION- SITE DIRECTOR IS RESPONSIBLE TO CALL IN THE MATCH SCORE TO 916-239-4477 IMMEDIATELY FOLLOWING THE MATCH.

a. Name of Site Director : \_\_\_\_\_ Home Telephone: \_\_\_\_\_

*(responsible to call in match score)*

Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

b. Please list all costs other than those stated in #1 below if they are requirements for using your school's gymnasium or a facility your school has arranged to use. (Additional costs will be reason for not conducting a CIF contest at your arranged facility).

c. The seating capacity of our gymnasium for volleyball is \_\_\_\_\_ .

(CIF staff use the criteria that one seat equals 18" of bleacher space. Therefore, as an example, bleachers that are 15' long and five rows high will seat approximately 50 spectators.)

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2013

Principal's Home Tel. No. (to be used only in case of emergency) \_\_\_\_\_

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

Email the completed form along with your TEAM photo to CIF Media Relations Officer, Rebecca Brutlag at [rbrutlag@cifstate.org](mailto:rbrutlag@cifstate.org)

**\*\*\*RETURN THIS FORM TO THE STATE CIF OFFICE NO LATER THAN FRIDAY, NOVEMBER 20\*\*\***

School Name

Mascot

Location

Section

Head Coach

Email

Athletic Director

Email

Principal

Email

2015 Record

**ROSTER**

Uniform Number	Name (First and Last)	Position(s) (i.e.DS, MB, OH,S)	Height (i.e. 5-7)	School Year (i.e. 9-12)
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*In addition to the 15 roster spots listed above, the following individuals listed below are included in the 20 complimentary admissions (15 roster spots and 5 coach/administrator spots)*