CIF - SAN DIEGO SECTION HALL OF CHAMPIONS

APPLICATION

B R E I T B A R D C E R T I F I C A T E

_____Year

__x__ All-CIFSDS **CIF-SAN DIEGO SECTION**

__x__ 1st Team **GYMNASTICS**
Sport

(NOTE: SELECTIONS SHOULD BE TYPED – REMEMBER TO USE FULL NAME OF SCHOOL, NOT ABBREVIATIONS. REMINDER THERE IS A $5.00 REPLACEMENT FEE FOR CERTIFICATES PRINTED INCORRECTLY.)

	FIRST NAME	LAST NAME	SCHOOL	GRADE LEVEL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

*One Athlete of the Year_____ Championship Team_____

Submitted by_____ School_____
Signature Phone No.

*Select **one** Athlete of the Year who must also be a member of the first team.

(gymnastics\breitbardallcif.doc)