

APPLICATION
BREITBARD CERTIFICATE

_____ All-CIFSDS CIF-SAN DIEGO SECTION _____ Year

_____ 2ND Team GIRLS' GOLF
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 _____
Signature Phone No.

School _____

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