## 2020-2021 Designation of CIF Representatives to League

Please complete the form below for each school under your jurisdiction and <u>RETURN TO</u> THE CIF SECTION OFFICE (ADDRESSES ON REVERSE SIDE) no later than June 28, 2020.

Alameda Unified	_School District/Governing Board at its <u>June 9</u> , 2020n	neeting			
(Name of school district/governing board)	(Date)				
appointed the following individual(s) to serve for the 2020-2021 school year as the school's league					
representative:					

## PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES

NAME OF SCHOOL Encinal High School			
NAME OF REPRESENTATIVE Lani Molina	POSITION Athletic [	POSITION Athletic Director	
ADDRESS 210 Central Ave	CITY Alameda	ZIP 94501	
PHONE (510)748-4023x23788 FAX n/a	E-MAIL Imolina@alamedaunified.org		
*************	********	*****	
NAME OF SCHOOL Encinal High School			
NAME OF REPRESENTATIVE Kevin Gorham	POSITION Teacher		
ADDRESS 210 Central Ave	CITY Alameda	ZIP 94501	
PHONE (510)748-4023x23602 FAX n/a	E-MAIL kgorham@a	E-MAIL kgorham@alamedaunified.org	
***************	********	*****	
NAME OF SCHOOL Encinal High School			
NAME OF REPRESENTATIVE Doreen Bracamontes	POSITION Principal		
ADDRESS 210 Central Ave			
ADDRESS TO COMMON THE	CITY Alameda	ZIP 94501	
PHONE (510)748-4023x23700 FAX n/a		ZIP 94501 es@alamedaunified.or <b>g</b>	
	E-MAIL dbracamont	es@alamedaunified.or@	
PHONE (510)748-4023x23700 FAX n/a	E-MAIL dbracamont	es@alamedaunified.or@	
PHONE (510)748-4023x23700 FAX n/a	E-MAIL dbracamont	es@alamedaunified.or@	
PHONE (510)748-4023x23700 FAX n/a ************************************	E-MAIL dbracamont	es@alamedaunified.or@	

If the designated representative is not available for a given <u>league</u> meeting, an alternate designee of the district governing board may be sent in his/her place. **NOTE:** League representatives from public schools and private schools must be designated representatives of the school's governing boards in order to be eligible to serve on the section and state governance bodies.

Superint	endent's or Principal's Name <u>Pasquale Scuderi</u>	Signature	
Address	2060 Challenger Dr.	City Alameda	Zip 94501
Phone _	(510)337-7000	Fax n/a	

PLEASE RETURN THIS FORM DIRECTLY TO THE <u>CIF SECTION OFFICE</u>.

SEE FOLLOWING PAGE FOR CIF SECTION OFFICE CONTACT INFORMATION.