2020-2021 Designation of CIF Representatives to League

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

Willows Unified School District	School District/Governing Board at its <u>June 11, 2020</u> meeting			
(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 Willows High School					
NAME OF REPRESENTATIVE Greg Kitchen	POSITION Asst Principal/Athletic Director				
ADDRESS 203 N. Murdock Ave	CITY Willows ZIP 95988				
PHONE (530) 934-6611 FAX (530) 934-6619	E-MAIL gkitchen@willowsunified.org				
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NAME OF SCHOOL Willows High School					
NAME OF REPRESENTATIVE David Johnstone	POSITION Principal				
ADDRESS 203 N. Murdock Ave	CITY Willows ZIP 95988				
PHONE (530) 934-6611 FAX (530) 934-6619	E-MAIL djohnstone@willowsunified.org				

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	POSITION Superintendent				
NAME OF SCHOOL Willows High School					
NAME OF SCHOOL Willows High School NAME OF REPRESENTATIVE Emmett Koerperich	POSITION Superintendent				
NAME OF SCHOOL Willows High School NAME OF REPRESENTATIVE Emmett Koerperich ADDRESS 823 W. Laurel St.	POSITION Superintendent CITY Willows ZIP 95988 E-MAIL ekoerperich@willowsunified.org				
NAME OF SCHOOL Willows High School NAME OF REPRESENTATIVE Emmett Koerperich ADDRESS 823 W. Laurel St. PHONE (530) 934-6600 FAX (530) 934-6609	POSITION Superintendent CITY Willows ZIP 95988 E-MAIL ekoerperich@willowsunified.org				
NAME OF SCHOOL Willows High School NAME OF REPRESENTATIVE Emmett Koerperich ADDRESS 823 W. Laurel St. PHONE (530) 934-6600 FAX (530) 934-6609 **********************************	POSITION Superintendent CITY Willows ZIP 95988 E-MAIL ekoerperich@willowsunified.org				
NAME OF SCHOOL Willows High School NAME OF REPRESENTATIVE Emmett Koerperich ADDRESS 823 W. Laurel St. PHONE (530) 934-6600 FAX (530) 934-6609 **********************************	POSITION Superintendent CITY Willows ZIP 95988 E-MAIL ekoerperich@willowsunified.org				

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.

Superinte	endent's or Principal's Name <u>David Johnstone</u>	Signature /	
Address ₋	203 N. Murdock Ave	City Willows	Zi p 95988
Phone	(530) 934-6611	Fax (530) 934-6619	

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

SEE FOLLOWING PAGE FOR CIF SECTION OFFICE CONTACT INFORMATION.