



MARIE M. ISHIDA, EXECUTIVE DIRECTOR

# CALIFORNIA INTERSCHOLASTIC FEDERATION

CIF STATE OFFICE • 4650 DUCKWORN DRIVE • SACRAMENTO, CA 95834 • (916) 239-4477 • FAX (916) 239-4478 • CIFSTATE.ORG

## 2012-2013 Designation of CIF Representatives to League

Please complete the form below for each school under your jurisdiction and **RETURN TO THE CIF SECTION OFFICE (ADDRESSES ON REVERSE SIDE)** no later than July 2, 2012.

Linden High School School District/Governing Board at its 6-20-12 meeting,  
(Name of school district/governing board) (Date)

appointed the following individual(s) to serve for the 2012-2013 school year as the school's league representative:

### PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES

NAME OF SCHOOL Linden High School

NAME OF REPRESENTATIVE Richard Schmidig POSITION Principal

ADDRESS 18527 East Front Street CITY Linden ZIP 95236

PHONE 209-887-3073 FAX 209-887-3815 E-MAIL rschmidig@sjcoe.net

NAME OF SCHOOL Linden High School

NAME OF REPRESENTATIVE Eric Weber POSITION Athletic Director

ADDRESS 18527 East Front Street CITY Linden ZIP 95236

PHONE 209-887-3073 FAX 209-887-3815 E-MAIL eweber@sjcoe.net

NAME OF SCHOOL Linden High School

NAME OF REPRESENTATIVE John Schallberger POSITION Vice Principal

ADDRESS 18527 East Front Street CITY Linden ZIP 95236

PHONE 209-887-3073 FAX 209-887-3815 E-MAIL joschallberger@sjcoe.net

NAME OF SCHOOL Linden High School

NAME OF REPRESENTATIVE Lisa Dal Porto POSITION Dean of Students

ADDRESS 18527 East Front Street CITY Linden ZIP 95236

PHONE 209-887-3073 FAX 209-887-3815 E-MAIL ldalporto@sjcoe.net

If the designated representative is not available for a given league 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.

Superintendent's or Principal's Name Michael V. Gonzales, Ed.D. Signature *Michael V. Gonzales*

Address 18527 East Front Street City Linden Zip 95236

Phone 209-887-3073 Fax 209-887-3815

**PLEASE MAIL OR FAX THIS FORM DIRECTLY TO THE CIF SECTION OFFICE. SEE REVERSE SIDE FOR CIF SECTION OFFICE ADDRESSES.**