

2023-2024 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 June 28, 2023.**

Mt. Diablo Unified School District/Governing Board at its 5/10/23 meeting,
(Name of school district/governing board) (Date)

appointed the following individual(s) to serve for the 2023-2024 school year as the school's league representative:

PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES


NAME OF SCHOOL College Park High School
NAME OF REPRESENTATIVE Kevin Honey POSITION Principal
ADDRESS 201 Viking Drive CITY Pleasant Hill ZIP 94523
PHONE 925-682-7670 FAX _____ E-MAIL honeyk@mdusd.org

NAME OF SCHOOL College Park High School
NAME OF REPRESENTATIVE Vicki Wilson POSITION Vice-Principal
ADDRESS 201 Viking Drive CITY Pleasant Hill ZIP 94523
PHONE 925-682-7670 FAX _____ E-MAIL wilsonv@mdusd.org

NAME OF SCHOOL College Park High School
NAME OF REPRESENTATIVE Jen Mahmood POSITION Vice-Principal
ADDRESS 201 Viking Drive CITY Pleasant Hill ZIP 94523
PHONE 925-682-7670 FAX _____ E-MAIL mahmoodj@mdusd.org

NAME OF SCHOOL _____
NAME OF REPRESENTATIVE _____ POSITION _____
ADDRESS _____ CITY _____ ZIP _____
PHONE _____ FAX _____ E-MAIL _____

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 Kevin Honey Signature 

Address 201 Viking Drive City Pleasant Hill Zip 94523

Phone 925-682-7670 #3200 FAX _____

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PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES


NAME OF SCHOOL Concord High School
 NAME OF REPRESENTATIVE Julene Mackinnon POSITION Principal
 ADDRESS 4200 Concord Blvd. CITY Concord ZIP 94521
 PHONE 925-687-2030 FAX _____ E-MAIL mackinnenj@mdusd.org

NAME OF SCHOOL Concord High School
 NAME OF REPRESENTATIVE Matt Harrod POSITION Athletic Director
 ADDRESS 4200 Concord Blvd. CITY Concord ZIP 94521
 PHONE 925-687-2030 FAX _____ E-MAIL harrodm@mdusd.org

NAME OF SCHOOL _____
 NAME OF REPRESENTATIVE _____ POSITION _____
 ADDRESS _____ CITY _____ ZIP _____
 PHONE _____ FAX _____ E-MAIL _____

NAME OF SCHOOL _____
 NAME OF REPRESENTATIVE _____ POSITION _____
 ADDRESS _____ CITY _____ ZIP _____
 PHONE _____ FAX _____ E-MAIL _____

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Superintendent's or Principal's Name Julene Mackinnon Signature 
 Address 4200 Concord Blvd. City Concord Zip 94521
 Phone 925-687-2030 FAX _____

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PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES

NAME OF SCHOOL MDHS
 NAME OF REPRESENTATIVE Dr. Ryan Morrow POSITION Vice Principal
 ADDRESS 119 Esplanade Dr CITY San Ramon ZIP 94582
 PHONE 913-570-6138 FAX _____ E-MAIL MorrowR@MDUSD.org

NAME OF SCHOOL Ronnie Magee / MDHS
 NAME OF REPRESENTATIVE Ronnie Magee POSITION Ath Director
 ADDRESS 3182 Cortina Drive CITY Pittsburg ZIP 94565
 PHONE 913-604-3949 FAX _____ E-MAIL MageeR@MDUSD.org

NAME OF SCHOOL Marvin Davis / Mount Diablo HS
 NAME OF REPRESENTATIVE Marvin Davis POSITION Ath Director
 ADDRESS 456 Catalano Ct CITY Brentwood ZIP 94513
 PHONE (404) 536-3784 FAX _____ E-MAIL davismk@mdusd.org

NAME OF SCHOOL _____
 NAME OF REPRESENTATIVE _____ POSITION _____
 ADDRESS _____ CITY _____ ZIP _____
 PHONE _____ FAX _____ E-MAIL _____

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 Dr. Maxwell McClain Signature Dr. Maxwell McClain
 Address 745 Even / St. City Lanard Zip 94520
 Phone 925-682-4030 FAX _____

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Northgate H.S./MOUSD School District/Governing Board at its 5/10/23 meeting,
(Name of school district/governing board) (Date)

appointed the following individual(s) to serve for the 2023-2024 school year as the school's league representative:

PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES


NAME OF SCHOOL Northgate HS
NAME OF REPRESENTATIVE Kelly Cooper POSITION Principal
ADDRESS 425 Castle Rock CITY Walnut Creek ZIP 94598
PHONE 925 938-0900 FAX _____ E-MAIL coopark@mdusd.org

NAME OF SCHOOL Northgate HS
NAME OF REPRESENTATIVE J Tucker Farrar POSITION Vice Principal
ADDRESS 425 Castle Rock CITY Walnut Creek ZIP 94598
PHONE 925 938-0900 FAX _____ E-MAIL farrar.tucker@mdusd.org

NAME OF SCHOOL Northgate HS
NAME OF REPRESENTATIVE Tyler Rosecrans POSITION Vice Principal
ADDRESS 425 Castle Rock CITY Walnut Creek ZIP 94598
PHONE 925 938-0900 FAX _____ E-MAIL Rosecrans.t@mdusd.org

NAME OF SCHOOL _____
NAME OF REPRESENTATIVE _____ POSITION _____
ADDRESS _____ CITY _____ ZIP _____
PHONE _____ FAX _____ E-MAIL _____

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 Kelly Cooper Signature 
Address 425 Castle Rock Rd City Walnut Creek Zip 94598
Phone 925 938-0900 FAX _____

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* NAME OF SCHOOL YVHS
 NAME OF REPRESENTATIVE BRIANA ZIELINSKI POSITION ATHLETIC DIRECTOR
 ADDRESS 755 OAK RD CITY CONCORD ZIP 94518
 PHONE 925-457-9343 FAX _____ E-MAIL zielinskib@mdusd.org

* NAME OF SCHOOL YVHS
 NAME OF REPRESENTATIVE AMANDA LOUSHIN POSITION VICE PRINCIPAL
 ADDRESS 755 OAK RD CITY CONCORD ZIP 94518
 PHONE 707-980-1823 FAX _____ E-MAIL loushina@mdusd.org

NAME OF SCHOOL _____
 NAME OF REPRESENTATIVE _____ POSITION _____
 ADDRESS _____ CITY _____ ZIP _____
 PHONE _____ FAX _____ E-MAIL _____

NAME OF SCHOOL _____
 NAME OF REPRESENTATIVE _____ POSITION _____
 ADDRESS _____ CITY _____ ZIP _____
 PHONE _____ FAX _____ E-MAIL _____

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 [Signature] Signature JONATHAN PILKE
 Address 755 OAK RD City CONCORD Zip 94518
 Phone 925-685-8414 FAX _____

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