

2020-2021 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, 2020.**

Mountain View Los Altos High School District/Governing Board at its August 24, 2020 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 Los Altos High School
NAME OF REPRESENTATIVE Wynne Satterwhite POSITION Principal
ADDRESS 201 Almond Avenue CITY Los Altos, CA ZIP 94022
PHONE (650) 960-8811 X2010 FAX (650) 948-8672 E-MAIL wynne.satterwhite@mvla.net

NAME OF SCHOOL Los Altos High School
NAME OF REPRESENTATIVE Galen Rosenberg POSITION Assistant Principal
ADDRESS 201 Almond Avenue CITY Los Altos, CA ZIP 94022
PHONE (650) 960-8811 X2012 FAX (650) 948-8672 E-MAIL galen.rosenberg@mvla.net

NAME OF SCHOOL Los Altos High School
NAME OF REPRESENTATIVE Suzanne Woolfolk POSITION Assistant Principal
ADDRESS 201 Almond Avenue CITY Los Altos, CA ZIP 94022
PHONE (650) 960-8811 X2014 FAX (650) 948-8672 E-MAIL suzanne.woolfolk@mvla.net

NAME OF SCHOOL Los Altos High School
NAME OF REPRESENTATIVE Kristin Castillo POSITION Assistant Principal
ADDRESS 201 Almond Avenue CITY Los Altos, CA ZIP 94022
PHONE (650) 960-8811 X2018 FAX (650) 948-8672 E-MAIL kristin.castillo@mvla.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 Nellie Meyer Signature _____
Address 1299 Bryant Avenue City Mountain View, CA Zip 94040
Phone (650) 940-4650 X0011 Fax (650) 961-1346

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NAME OF SCHOOL Los Altos High School
NAME OF REPRESENTATIVE Michelle Noeth POSITION Athletic Director
ADDRESS 201 Almond Avenue CITY Los Altos, CA ZIP 94022
PHONE (650) 960-8811 X2023 FAX (650) 948-8672 E-MAIL michelle.noeth@mvla.net

NAME OF SCHOOL Mountain View High School
NAME OF REPRESENTATIVE Michael Jimenez POSITION Principal
ADDRESS 3535 Truman Avenue CITY Mountain View, CA ZIP 94040
PHONE (650) 940-4600 X1010 FAX (650) 961-6349 E-MAIL michael.jimenez@mvla.net

NAME OF SCHOOL Mountain View High School
NAME OF REPRESENTATIVE Lynne Ewald POSITION Assistant Principal
ADDRESS 3535 Truman Avenue CITY Mountain View, CA ZIP 94040
PHONE (650) 940-4600 X1016 FAX (650) 961-6349 E-MAIL lynne.ewald@mvla.net

NAME OF SCHOOL Mountain View High School
NAME OF REPRESENTATIVE Daniella Quinones POSITION Assistant Principal
ADDRESS 3535 Truman Avenue CITY Mountain View, CA ZIP 94040
PHONE (650) 940-4600 X1014 FAX (650) 961-6349 E-MAIL daniella.quinones@mvla.net

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Superintendent's or Principal's Name Nellie Meyer Signature
Address 1299 Bryant Avenue City Mountain View, CA Zip 94040
Phone (650) 940-4650 X0011 Fax (650) 961-1346

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NAME OF SCHOOL Mountain View High School
NAME OF REPRESENTATIVE Heather Morelli POSITION Assistant Principal
ADDRESS 3535 Truman Avenue CITY Mountain View, CA ZIP 94040
PHONE (650) 940-4600 X FAX (650) 961-6349 E-MAIL heather.morelli@mvla.net

NAME OF SCHOOL Mountain View High School
NAME OF REPRESENTATIVE Jon Robell POSITION Assistant Principal
ADDRESS 3535 Truman Avenue CITY Mountain View, CA ZIP 94040
PHONE (650) 940-4600 X FAX (650) 961-6349 E-MAIL jon.robell@mvla.net

NAME OF SCHOOL Mountain View High School
NAME OF REPRESENTATIVE Shelley Smith POSITION Athletic Director
ADDRESS 3535 Truman Avenue CITY Mountain View, CA ZIP 94040
PHONE (650) 940-4600 X1421 FAX (650) 961-6349 E-MAIL shelley.smith@mvla.net

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

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Superintendent's or Principal's Name Nellie Meyer Signature _____
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Phone (650) 940-4650 X0011 Fax (650) 961-1346

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