

# 2007-2008 STATE CIF ADVISORY COMMITTEE NOMINATION FORM

PLEASE PRINT OR TYPE INFORMATION

Application must be received in the State CIF Office by: 4pm Thursday, September 20, 2007

## COMMITTEE: Parents Advisory Committee

**Nomination Criteria:** Must be the Parent/Guardian of a student-athlete that is presently competing on a CIF-member high school sports team and/or is planning on participating on his/her high school team. Nominations will be placed into a pool for consideration and are NOT GUARANTEED membership on the committee. All individuals selected are volunteers.

NAME \_\_\_\_\_

### NOMINEE'S ADDRESS AND TELEPHONE:

**Home:** Street/Box Number \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### **Business:**

If Applicable

Name \_\_\_\_\_

Street/Box Number \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### QUALIFICATIONS OF NOMINEE:

Number of Children Currently in High School \_\_\_\_\_ Grade Level(s) \_\_\_\_\_

Name of High School \_\_\_\_\_ City \_\_\_\_\_

Number of Children participating on a high school sports team: \_\_\_\_\_ Please list Sport(s) \_\_\_\_\_

**I hereby certify that the above information is accurate to the best of my knowledge and endorse this nomination.**

\_\_\_\_\_  
Signature of High School Principal of Students' School

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

To comply with the Equity Committee recommendation that CIF committees reflect the demographics of the state and section, please check all appropriate boxes.

Male

Female

Minority

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**State CIF Parents Advisory Committee Nominations**

**1320 Harbor Bay Parkway, Suite 140**

**Alameda, CA 94502**

**Fax: (510) 521-4449**