CIF APPLICATION FOR RENEWAL OF MULTI-SCHOOL MEMBERSHIP
(CIF Form 303 Renewal)

THIS FORM MUST BE COMPLETED AND RETURNED TO THE STATE CIF OFFICE NO LATER THAN MAY 31, 2020

MAIL TO: CHRISTINA SHANNON, CIF STATE OFFICE, 4658 DUCKHORN DRIVE, SACRAMENTO, CA 95834

CIF Section: Southern Section **Date Of Application:**_____

Bylaw 303.B.(6)b.

(i) All renewal applications must be submitted to the State Office by May 31 of the current school year to continue multi-school status for the following year.

(ii) All fees for multi-school dues will be reflected on the invoice sent from the CIF State Office for the school's annual school dues and legal assessment.

(iii) Any late applications will be assessed a late fee of $200; the fee must be attached or the application will not be considered. If an application for renewal is not received by September 1 of the current school year, it will not be considered.

PLEASE COMPLETE THIS FORM AND PROVIDE ALL SIGNATURES

_____ _____
(CIF Member School requesting multi-school teams status) **(Grade levels involved)**

_____
(Street Address) **(City)** **(Zip)**

_____
(Principal designated to have administrative responsibility)

List school(s) or campus(es), and address to be unified with the above listed CIF member school for sports team purposes:

School Name:_____ **School Name:**_____

Address:_____ **Address:**_____

Principal's Name:_____ **Principal's Name:**_____

Please specify, even though you are a continuation high school, whether your board of education considers the school an alternative school.

List reason(s) for request: _____

List sport(s) by team to be included (identify as student, boys, or girls):

_____

_____

CBEDS Enrollments (required)

CIF MEMBER SCHOOL: 9-12:_____ +

School/programs(s) to be unified: 9-12:_____ =

* Total # of students : _____

CIF WILL INVOICE MEMBER SCHOOL THE FOLLOWING AMOUNT FOR CIF STATE DUES

*** TOTAL # OF STUDENTS:** _____

x $ 0.88 =

CIF STATE DUES: $_____

The following signatures indicate that State CIF Rule 303 has been read and certifies that all the required conditions have been met for this multi-school status

_____ Principal, CIF Member School
(Signed) **(School)** **(Date)**

_____ Principal, Non Member School Involved
(Signed) **(School)** **(Date)** (Attach additional pages as necessary)

Permission to field multi-campus or unified sports teams as indicated in this application is granted for the 2020-2021 school year.

_____ _____
State CIF Executive Director ***Date***