CIF APPLICATION FOR RENEWAL OF MULTI-SCHOOL MEMBERSHIP

(CIF Form 303 Renewal)

Schools Return Completed Application to: CIF Section _____

NO LATER THAN MAY 31, 2011 (in the section office) Address City Zip

Date of Application: _____

CIF WILL INVOICE YOUR SCHOOL THE FOLLOWING AMOUNT FOR MULTI SCHOOL DUES

* _____ x $0.63 = _____

Total *# of students in multi-school* *Total Dues*

- Please complete signatures on all lines with a ⇐.
- Renewal applications must be filed annually by May 31 of the current school year. YOU WILL BE INVOICED BY THE STATE CIF FOR YOUR PER STUDENT DUES INCLUDING THE MULTI CAMPUS ENROLLMENT.
- An application for renewal that is received after May 31 but prior to September 1 of the current school year will be assessed a late fee of $200 in addition to the dues owed as outlined above. Late fee must accompany the application.
- NO RENEWAL applications will be accepted after September 1 of the current school year.

RENEWAL APPLICATION

_____ _____

(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), location(s), and grade level(s) to be unified with the above listed CIF school for sports team purposes:

School Name: _____ _____

Address: _____ _____

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

Total students (transfer total to * at top of page for invoicing) _____*

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 request (see reverse side):

⇐ _____ Principal, CIF Member School

(Signed) *(School)* *(Date)*

⇐ _____ Principal, Non Member School Involved

(Signed) *(School)* *(Date)* (Attach additional pages as necessary)

⇐ _____ Commissioner, _____

(Signed) *(Date)* *(CIF Section)*

Permission to field multi-campus or unified sports teams as indicated in this application is granted for the **2011-2012** school year.

_____ _____

State *CIF Executive Director* *Date* Effective 5/8/09