

**CCS WATER POLO SEASON
SUMMARY SHEET**

(entry-seeding form)

California Interscholastic Federation
Central Coast Section

Governance of H.S. Athletic Programs
from San Francisco to King City

SCHOOL NAME _____ **BOYS** _____ **GIRLS** _____

All qualifying teams **MUST** complete **ALL** portions (1-4) of the form below and make sure **BOTH** pages are received **by the CCS office** before the beginning of the CCS Water Polo Seeding Meeting on **11:00 AM - SUNDAY, NOVEMBER 07, 2010**,

in order to be entered into the CCS Water Polo Play-offs. If your form is not in by this deadline, or is incomplete your team will not be allowed to participate in the CCS Play-offs (you are allowed to add any games that are played after you have submitted this form).

1. _____ High School, of the _____ League, which is classified as a(n) _____ (A,B,or C) league, is submitting this form for the CCS Water Polo Championships. We are an Automatic Qualifier into the CCS Play-offs and submit this information for entry and seeding purposes.

2. REQUIRED INFORMATION*

*COACH _____
please print first and last name

*Home Phone# (_____) _____ *OVERALL SEASON RECORD _____ - _____ - _____

*Work Phone# (_____) _____ *LEAGUE RECORD _____ - _____ - _____

Cell Phone # (_____) _____ *LEAGUE FINISH _____

E-MAIL: _____ *Co Champ? _____ Tri Champ? _____

3. COACH STATEMENT (*signature required)

By my signature below, I attest that the following information about our school team is accurate to the best of my knowledge. I further understand that if it is discovered that anyone associated with our school knowingly provided false information herein, serious and negative consequences will affect our school's athletic program and our participation in the CCS Play-offs, per CIF and CCS Fraud Bylaws.

*Head Coach Signature _____ Date _____

League Representatives **MUST** make sure both pages of this form are received in the CCS Office **PRIOR TO THE BEGINNING OF THE CCS WATER POLO SEEDING MEETING.**

CCS, 6830 Via Del Oro, Suite 103, San Jose, CA 95119
FAX 408-224-0476 e-mail Ray Mialovich: rmialovich@cifccs.org
(E-mailed forms must be followed with a completed, faxed or delivered hard copy with signatures.)

List all 24 matches chronologically

| | <u>Date of Contest</u> | <u>Opponent</u> | <u>Opponent League Class (A, B, C)</u> | <u>Win/Loss/Tie</u> |
|-----|------------------------|-----------------|--|---------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ | _____ |
| 11. | _____ | _____ | _____ | _____ |
| 12. | _____ | _____ | _____ | _____ |
| 13. | _____ | _____ | _____ | _____ |
| 14. | _____ | _____ | _____ | _____ |
| 15. | _____ | _____ | _____ | _____ |
| 16. | _____ | _____ | _____ | _____ |
| 17. | _____ | _____ | _____ | _____ |
| 18. | _____ | _____ | _____ | _____ |
| 19. | _____ | _____ | _____ | _____ |
| 20. | _____ | _____ | _____ | _____ |
| 21. | _____ | _____ | _____ | _____ |
| 22. | _____ | _____ | _____ | _____ |
| 23. | _____ | _____ | _____ | _____ |
| 24. | _____ | _____ | _____ | _____ |

Post season Tournament

| | | | | |
|----|-------|-------|-------|-------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |