

**CCS PLAYOFF  
CONFLICT FORM**

(for schools participating in CCS Play-offs)

*California Interscholastic Federation*  
**Central Coast Section**

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

**SCHOOL NAME** \_\_\_\_\_

**ATHLETIC DIRECTOR &/or COACH:**

- This form is to be used when there is an official school activity that involves a significant number of your athletes.
- Make sure you provide information on conflicts throughout the CCS Play-offs on all possible Play-off dates, even if you don't think your team will advance very far. We review submitted conflict sheets every round prior to scheduling the next round, whenever possible.
- Every consideration possible will be made to avoid conflicts and schedule your team's CCS contest(s) at a time that does not conflict with the event you have listed below. However, there are no guarantees we will be able to accommodate your special needs because of the many other factors and other teams that must be considered. Please realize that your student-athletes may have to make a difficult decision if the conflict cannot be avoided.
- Make sure this form is in the hands of a CCS staff member **no later than your sport's seeding meeting.**
- No consideration can be given to changing the CCS Play-off schedule for conflicts about which we are notified AFTER the seeding meeting.

***OUR SCHOOL HAS THE FOLLOWING EVENT WHICH MAY CONFLICT WITH THE***

**CCS** \_\_\_\_\_  
(sport, including gender)

**PLAY-OFF SCHEDULE:**

**1. DAY OF THE WEEK:**

**DATE:** \_\_\_\_\_

**2. TIME OF SCHOOL EVENT:** from: \_\_\_\_\_ to \_\_\_\_\_

(Please use exact scheduled time of event — we will figure in hair-fixing time, etc. If it is a very unusual event about which you think we may not be knowledgeable, regarding preparation or arrival/departure times, please explain that below.)

**3. DESCRIPTION &/or NAME OF EVENT CAUSING CONFLICT:** (e.g. prom, graduation, etc.)

**4. # OF ATHLETES ON MY TEAM INVOLVED IN THIS EVENT:** \_\_\_\_\_

**5. OTHER IMPORTANT INFORMATION YOU WANT US TO CONSIDER:**

COACH OR AD SIGNATURE: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PLEASE MAKE SURE THAT THIS CONFLICT FORM IS TURNED IN TO CCS NO LATER THAN THE SEEDING MEETING FOR YOUR SPORT. **CCS FAX 408-224-0476**