

**CCS FOOTBALL SEASON
SUMMARY SHEET**

(entry-seeding & at-large form)

California Interscholastic Federation
Central Coast Section

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

SCHOOL NAME _____

LEAGUE _____

All Automatic Qualifiers AND those wishing to be considered for At-Large selection **MUST** complete **all portions (1-5)** of the form below and make sure BOTH pages are received in the CCS Office before the beginning of the CCS Football Seeding Meeting on **November 14, 2010**, in order to be entered or considered for entry into the CCS Football Play-offs. If your form is not submitted by this deadline, or is incomplete (you are allowed to add any games that are played after you have submitted this form), your team will not be allowed to participate in the CCS Play-offs.

1.

_____ High School of the _____ League, which is classified as a(n) _____ (A, B, or C) League, is submitting this form for the CCS Football Championships as follows: (Check the one that applies)

_____ We are an Automatic Qualifier into the CCS Play-offs and submit this information for entry and seeding purposes. **OR**

_____ We are applying for an At-large berth in the CCS Play-offs and submit this information for entry consideration and seeding if selected.

2. REQUIRED INFORMATION* (Coach's contact info for CCS internal use only)

*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's 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, that serious, 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 FOOTBALL SEEDING MEETING.

4. SCHOOL NAME: _____

	<u>Date of Contest</u>	<u>Opponent</u>	<u>Opponent League Class (A,B,C)</u>	<u>Win/Loss/Tie</u>	<u>League, Co-,Tri-Champion</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

5. COMPUTATION OF POINTS

# OF WINS: _____	X 2 =	_____
# OF TIES: _____	X 1 =	+ _____
# OF GAMES vs. "A" teams: _____	X 1 =	+ _____
# OF GAMES vs. "B" teams: _____	X 1/2 (0.5) =	+ _____
# OF GAMES vs. League Champs: _____	X 1** =	+ _____
Current year game vs. DeLaSalle HS: _____	X 1 =	+ _____
BEING A LEAGUE CHAMPION: ("A"-2.5; "B"-2; "C"-1.5)** =		+ _____
FORMULA FOR 9-GAME SCHEDULE (if applicable)		+ _____
<u>TOTAL COMPUTED POINTS FOR YOUR TEAM</u>		= _____

** 1/2 if Co-Champ; 1/3 if Tri-Champ; etc

BOTH PAGES due in the CCS Office prior to the beginning of the Football Seeding Meeting

NOVEMBER 16, 2008

CCS FAX: 408-224-0476; Call: 408-224-2994 OR

e-mail Howard at: hjensen@cifccs.org

(e-mailed forms must be followed by faxed or delivered, signed copies)