

# 2017-18 NSAA MEDIA CREDENTIAL REQUEST FORM



Name of Media Outlet (Radio-Call Letters): \_\_\_\_\_

Check One:    \_\_\_ Daily Newspaper    \_\_\_ Weekly Newspaper    \_\_\_ Magazine  
              \_\_\_ Radio Station        \_\_\_ Television            \_\_\_ Internet Publication  
              \_\_\_ Other (Please Describe) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Internet Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Invoice Billing Address (If different than above): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Sports Editor/Director: \_\_\_\_\_

General Manager: \_\_\_\_\_

**Please list all names of reporters and photographers on staff who REGULARLY cover NSAA high school activities. If the employee's photo is on file at NSAA, please check the box next to that person's name. Duplicate page for additional employees.**

<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

**Employee Photo Details:** If the NSAA does not have a current photo on file, please e-mail photo of employees to the NSAA as a jpg or tiff file.

List the employee's name in the file name to ensure that the name/photo/media organization match. – *No credential will be issued without a submitted photo.*

**I certify the above employees are involved with the regular coverage of high school activities and need a 2017-18 NSAA Media Credential to cover sub-district, district, playoff and state championships. I further certify that I have read the contents of the Media Manual and assure that our media outlet will adhere to the provisions and stipulations contained therein.**

General Manager Signature: \_\_\_\_\_

**Please submit the Credential Request Form and email any necessary photograph files prior to October 2nd, 2017 to:**

Alicia McCoy, Administrative Assistant  
NSAA Media Credentials  
email: amccoy@nsaahome.org  
FAX: 402-489-0934

*The NSAA retains the right to deny or revoke credentials.*