

2016-2017 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 2016-2017 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 1st, 2016 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.