

2017-18 NSAA EVENT
LIVE VIDEO BROADCAST REQUEST FORM

Sub-District, Districts & Playoffs: Please submit this form three (3) days prior to proposed event to:
HOST SCHOOL DIRECTOR & NSAA OFFICE
APPLICATION DOES NOT SIGNIFY APPROVAL



ORGANIZATION NAME: _____

MAIN CONTACT: _____ PHONE: _____

EMAIL: _____

Organization Type: **please check one:** (*Live Video Broadcast definitions & Rate Card located in the Media Manual*)

LOCAL MEDIA _____

STUDENT BROADCAST GROUP (NFHS Student Broadcast Program, Striv, Cube) _____

REGIONAL & NATIONAL MEDIA (Spectrum, Cox, FOX, ESPN) _____

If 'LOCAL MEDIA' is selected, the respective school's Administration must acknowledge the LOCAL MEDIA criteria as listed in the Media Manual Live Video Broadcast policy.

Please check Broadcast Type: Webcast: _____ Web Address: _____
 Telecast: _____ Station: _____

EVENT REQUESTED:
(circle) BOYS / GIRLS Sport / Activity: _____
Date(s) of Event Coverage: _____
Event Location/Host School: _____
List Team(s) to be covered: _____

Media Staff Covering Event** : _____

Mailing/Billing Address: _____
City: _____ State: _____ Zip Code: _____

I certify that the above information is accurate and agree to abide by the NSAA Media Policies. I further certify that I am familiar with the NSAA's Live Video Broadcast Policy and agree to pay the broadcast fees and any additional fees incurred due to such broadcasts upon invoice.

Name Printed: _____ Signature: _____

HOST OFFICE USE:

Number of Contests Broadcasted: _____ **X (Broadcasting Fee) \$** _____ **=** _____ **Total Due**

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