

2016-2017 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
 APPLICATION DOES NOT SIGNIFY APPROVAL*



ORGANIZATION NAME: _____
 MAIN CONTACT: _____ PHONE: _____
 EMAIL: _____

Organization Type: (*LIVE VIDEO BROADCAST’ definitions & Rate Card located in the NSAA Media Manual, page 8 & 9) please check one:*

- NFHS NETWORK STUDENT BROADCAST GROUP (No fees/no invoice) _____
- UNAFFILIATED STUDENT BROADCAST GROUP _____
- AFFILIATED STUDENT BROADCAST GROUP (Cube, STRIV, I-High) _____
- COMPETITOR MEDIA/’OTHER MEDIA’ _____
- LOCAL MEDIA _____

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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