

# 2018-19 NSAA 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 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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