

2009-10 Television Application



(For State Series Competition Only)

Hereby applies for permission to telecast the designated competition in the Illinois High School Association state series denoted below. We have read the IHSA Television Policy the same being incorporated herein by reference and we agree to abide by each and all of the terms and conditions thereof. **We understand granting of rights to televise the event does not allow for its use on the internet.**

Application for Non-State Final game(s) / meet final(s): Approval must be given by the local manager and remittance received by the local manager by deadlines contained in the current Television Policy. Make remittance payable to local manager's school.

Level of Competition	Date	Type of Telecast (Live or Tape Delay)	Site of Competition
Regional	_____	<input type="checkbox"/> Live <input type="checkbox"/> Tape Delay	_____
Sectional	_____	<input type="checkbox"/> Live <input type="checkbox"/> Tape Delay	_____
Super-Sectional	_____	<input type="checkbox"/> Live <input type="checkbox"/> Tape Delay	_____

Mail To: Local manager's school

Make Remittance Payable To: Local manager's school

Application for State Final game(s) / meet final(s) and remittance must be submitted and received by the IHSA Office, P.O. Box 2715, Bloomington, IL 61702-2715. Remittance must be in IHSA Office by deadlines contained in the current Television Policy. Make remittance payable to IHSA.

Telecast will be Sponsored Un-sponsored

NOTE: if sponsored, list them on the back of this application.

Name of State Series: _____

Site of Competition: _____

Date: _____

Class: 1A 2A 3A 4A

Football Playoffs

Round	Date	Site	Live or Tape
1st Round	_____	_____	<input type="checkbox"/> Live <input type="checkbox"/> Delayed
2nd Round	_____	_____	<input type="checkbox"/> Live <input type="checkbox"/> Delayed
Quarterfinals	_____	_____	<input type="checkbox"/> Live <input type="checkbox"/> Delayed
Semifinals	_____	_____	<input type="checkbox"/> Live <input type="checkbox"/> Delayed

Mail To: Local manager

Make Remittance Payable To: Local manager's school

Our Company Covers: _____

We: will feed _____
(List name(s) of all cable system(s) and address(es) to be fed tape, each owing proper rights fee)

We: will accept feed from _____
(Company Name)

_____ (Address)

COMPUTING RIGHTS FEES

	Games / Meets	Amount Owed
For Cable Systems Only		
No. Cable Subscribers Only _____ @ _____ X _____ = \$ _____		
For Over-The-Air Stations Only		
Market Ranking _____ @ _____ X _____ = \$ _____		

***See Rights Fee Schedule in IHSA Television Policy**

Company: _____
 Bus. Phone: _____
 FAX: _____
 Address: _____
 City: _____ Zip: _____

This Application Prepared By:

Name: (Print) _____

Title: _____

Signature: _____

Office Use Only

Approved By: _____ Date: _____