



RADIO/AUDIO BROADCAST APPLICATION

Contact: Matt Troha (mtroha@ihsa.org) Phone: 309.663.6377 Fax: 309.663.7479

*** Applications due to IHSA office by Wednesday prior to state final***

Thank you for your interest in broadcasting from an upcoming IHSA State Series or State Final event. Please complete each of the 6 steps on this application and fax or email this form to the attention of Matt Troha at the IHSA (mtroha@ihsa.org or 309-663-7479).

Any broadcast must also include at least one IHSA PSA commercial or live read, which can be accessed here:

<http://www.ihsa.org/NewsMedia/NewsMediaCenter/Multimedia.aspx>

Upon mutual agreement, a station may pick up the feed from a station broadcasting live from an IHSA state final event for a charge of \$100.

#1 IHSA EVENT

Check the box next to the sport you are applying to broadcast and fill-in the Class if applicable.

SPORT	CLASS	FEE
<input type="checkbox"/> Boys Soccer SF	_____	\$100
<input type="checkbox"/> Girls Volleyball SF	_____	\$100
<input type="checkbox"/> Football Title Games	_____	\$100 per game
<input type="checkbox"/> Individual Wrestling SF	_____	\$100
<input type="checkbox"/> Dual Team Wrestling SF	_____	\$100
<input type="checkbox"/> Girls Basketball Super-Sectional (below)	_____	\$50
<input type="checkbox"/> Boys Basketball Super-Sectional (below)	_____	\$50
SS Class & Site _____		
<input type="checkbox"/> Girls Basketball SF	_____	\$150
<input type="checkbox"/> Boys Basketball SF	_____	\$150
<input type="checkbox"/> Girls Track & Field SF	_____	\$100
<input type="checkbox"/> Boys Track & Field SF	_____	\$100
<input type="checkbox"/> B/G Water Polo SF	One Class	\$100
<input type="checkbox"/> Girls Soccer SF	_____	\$100
<input type="checkbox"/> Boys Volleyball SF	One class	\$100
<input type="checkbox"/> Baseball SF	_____	\$100
<input type="checkbox"/> Softball SF	_____	\$100

#6 PAYMENT INFORMATION

- Broadcast rights fee will be paid via credit card
- Broadcast rights fee will be paid via check

CREDIT CARD

Visa
 MasterCard
 Name on card _____
 Card # _____
 Expiration Date _____
 3-Digit V-Code _____

CHECK

Please send to...
 IHSA
 2715 McGraw Dr.
 Bloomington, IL
 61704

Do not bring check to venue

#2 STATION INFORMATION

Station Call Letters _____

Dial Location (AM/FM) _____

City _____

Contact Person _____

Contact Phone _____

Contact Email _____

#3 COVERAGE SCHOOLS

Please list the schools that you will cover if they qualify for the state finals below...

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

#4 CREDENTIALS

Please indicate the number of credentials you are requesting for this event. Credentials Requested _____

Please indicate the names/duties of individuals using the credentials or email to Matt when they become known...

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

#5 BROADCAST INFORMATION

To help the IHSA staff in allocating space for all the broadcasters at this event, please answer the items below...

PHONE LINE (phone lines are provided by the IHSA at no expense)

- I will need a phone line for my broadcast
- I will not need a phone line for my broadcast

INTERNET STREAMING (there is no additional cost to web stream)

My broadcast will be streamed on the web Yes No

If yes, the website it will be available on _____

PRE- & POST-GAME SHOWS

- I would like to be on-air for pre-game _____ minutes before start
- I would like to be on-air for post-game _____ minutes after end
- I will not have a pre- or post-game show