



IHSAA Football Broadcast Application
2008-2009 School Year

**This application is for stations that have joined the
IHSAA / Methodist Sports Medicine Championship Radio Network.**

Radio Station _____ in _____ requests permission to broadcast the following:

**Reminder, station must carry the weekly Indiana High School Sports Report, the football pairings show
and at least one football state championship game to waive broadcast rights fees.**

Please note: your station may still follow local schools throughout the tournament, and by joining the IHSAA /
Methodist Sports Medicine Championship Radio Network, your station will not be required to pay any broadcast
fees for games your station broadcasts during sectional, regional, semi-state, or state finals play during the
IHSAA Football Tournament.

Important

Stations desiring to broadcast tournament games should list below the school(s) they intend to follow in order of
preference (**host sites will be notified of your coverage based on this information**).

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Send credentials (two will be furnished by the host site) to:

(Name)	(Station)	(Address)	(City, State, Zip)
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Station contact e-mail address: _____

(Important: confirmation of station broadcasts will be e-mailed during each tournament)

Return this application to Matthew Smith at: Associated Sports Productions
36 S. Pennsylvania Street, Suite 190
Indianapolis, Indiana 46204
Telephone 317-633-1462 **FAX: 317-633-1461**

A late charge of \$25 will be required if this application is postmarked after **October 6, 2008.*



IHSAA Football Broadcast Application
2008-2009 School Year

**This application is for stations that have not joined the
IHSAA / Methodist Sports Medicine Championship Radio Network.**

Radio Station _____ in _____ requests permission to broadcast the following:

Sectional – 1 st week	-----	Fee \$ _____
Sectional – 2 nd week	-----	Fee \$ _____
Sectional – 3 rd week	-----	Fee \$ _____
Regional	-----	Fee \$ _____
Semi-State	-----	Fee \$ _____
State	-----	Fee \$ _____
Highest 60-second rate _____	TOTAL ENCLOSED	\$ _____

Please submit station's current rate card with this application.

Fee Structure		
Sectional Fees	3 x Station's highest 60-second rate	Minimum \$40; Maximum \$200
Regional Fee	3 ½ x Station's highest 60-second rate	Minimum \$45; Maximum \$200
Semi-State	4 x Station's highest 60-second rate	Minimum \$50; Maximum \$200
State	5 x Station's highest 60-second rate	Minimum \$70; Maximum \$200

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