

## 2011-2012 Television/Video Web Cast\* Broadcast Agreement (CHSAA Playoff Contests Only)

Station/Production Company Name \_\_\_\_\_ hereby applies for permission to telecast the designated competition in the Colorado High School Activities Association state playoff/championship series noted below. We have read the CHSAA Broadcast Policy Handbook and agree to abide by each and all of the terms and conditions listed in that document. **We understand the granting of rights for television broadcast of an event does not allow for its use on the internet and that a separate contract is required for video web cast...** Please Note: Comcast/ISPN holds playoff broadcast rights for football and basketball. Before any football or basketball permission is granted, you must contact the CHSAA.

### All Sports

**Application for Non-State Final Game(s)/meet(s) final(s):** Approval must be given by the CHSAA and local host school and remittance received by the CHSAA at least 72 hours in advance of the date of the contest. Make remittance payable to CHSAA.

**Application for State Final game(s)/meet(s) finals** and must be submitted and received by the CHSAA Office, 14855 E. 2<sup>nd</sup>, Ave., Aurora, CO 80011. Remittance must be in the office 72 hours in advance of the date of the contest. Make remittance payable to: CHSAA.

Round/ Level	Date	Site	Live or Delayed	Sport _____
_____	_____	_____	<input type="checkbox"/> Live <input type="checkbox"/> Delayed	Name of State Championship Event _____
_____	_____	_____	<input type="checkbox"/> Live <input type="checkbox"/> Delayed	Site of Event _____
_____	_____	_____	<input type="checkbox"/> Live <input type="checkbox"/> Delayed	<b>A copy of this approved application must be given to site director.</b>
_____	_____	_____	<input type="checkbox"/> Live <input type="checkbox"/> Delayed	<b>All Sport except Football</b>
_____	_____	_____	<input type="checkbox"/> Live <input type="checkbox"/> Delayed	<b>Class:</b> <input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A <input type="checkbox"/> 5A
_____	_____	_____	<input type="checkbox"/> Live <input type="checkbox"/> Delayed	<b>Football</b>
_____	_____	_____	<input type="checkbox"/> Live <input type="checkbox"/> Delayed	<b>Class:</b> <input type="checkbox"/> A6 <input type="checkbox"/> A8 <input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A <input type="checkbox"/> 5A

**Note: If this broadcast (non-state final or state final) is not sponsored, contact the CHSAA office for rate schedule.**

Our Company covers: (list schools or area) \_\_\_\_\_

We:  will feed {list name(s) of all cable system(s) and address(es) to be fed tape, each owing the proper rights fee} \_\_\_\_\_

We:  will accept feed from {list name of station/cable system providing tape} \_\_\_\_\_

### Computing Rights Fees

Football/Basketball/Soccer					All Other Sports				
Class	# of Subscribers	Finals	Semifinals	All Others	Class	# of Subscribers	Finals	Semifinals	All Others
I	15,000 and up	\$500	\$400	\$300	I	15,000 and up	\$300	\$200	\$150
II	2,500 – 14,999	\$400	\$300	\$200	II	2,500 – 14,999	\$150	\$150	\$ 75
III	1-2,499	\$300	\$200	\$100	III	1-2,499	\$100	\$100	\$ 50

### Applicant Information

Company: \_\_\_\_\_ Application prepared by: (Name) \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Title: \_\_\_\_\_

Fax: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

### CHSAA Office Use Only

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Total Fees Due (Payable to CHSAA): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

All payments should be made to CHSAA and mailed to CHSAA, 14855 E. 2<sup>nd</sup> Ave., Aurora, CO 8001. \*Note: The term web cast includes any broadcast on/over the World Wide Web. Form updated: 6/11

**Live, over the air television broadcast requests must go through Bert Borgmann in the CHSAA Office.**