

CHSAA Regular Season Television Letter of Agreement
(Regular Season Contests Only)

Station/Production Company Name: _____, pursuant to CHSAA By-law 2840.3, hereby applies for permission to televise the designated regular season contest noted below. We have read the CHSAA Broadcast Policy Handbook and agree to abide by each the terms and conditions listed in that document, in addition to the considerations outlined below.

Game date(s):	Schools Involved (list host team first):	Facility:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use another sheet for additional games.

Type of Broadcast: Linear Live _____ Linear Taped Delay _____ Video Webcast _____

Conditions of Broadcast:

Linear Live Television - FOOTBALL
4A/5A - \$500 Origination Expense*
1A/2A/3A - \$100 Origination Expense*

Linear Live Television – ALL OTHER SPORTS
4A/5A - \$100 Origination Expense*
1A/2A/3A - \$50 Origination Expense*

Linear Taped Delay – FOOTBALL
4A/5A - \$150 Origination Expense*
1A/2A/3A - \$50 Origination Expense*

Linear Taped Delay – ALL OTHER SPORTS
4A/5A - \$50 Origination Expense*
1A/2A/3A - \$20 Origination Expense*

Live Video Webcast - FOOTBALL
All Classes - \$25 Origination Expense*

Live Video Webcast – ALL OTHER SPORTS
All Classes - \$20 Origination Expense*

On all broadcasts, the following shall be provided: 1 Home Team Public Service Announcement, 1 Visiting Team Public Service Announcement, 1 CHSAA Public Service Announcement. *PSAs must be pre-produced by institutions or copy provided for in-game read. A copy of each broadcast must be forwarded to the CHSAA for inclusion on the CHSAA.tv network portal.*

***NOTE:** At the school/school district request, the institutions' origination expense may be waived or modified. Notification needs to be made by the institution to the CHSAA Office. For those broadcasters who do not sell advertising, refer to CHSAA Media Handbook for additional information.

Applicant Information

Company: _____ Application prepared by: (Name) _____

Email Address: _____

Business Telephone: _____ Title: _____

Fax: _____ Signature: _____

Address: _____ City: _____ Zip: _____

CHSAA Office Use Only

Approved by: _____ Date: _____ **Total Fees Due** (Payable to Host School/District): _____

All payments should be made to the host School/School District. *Note: The term web cast includes any broadcast on/over the World Wide Web. Form updated: 6/16. Return Letter of Agreement to the CHSAA Office via email to wwebermeier@chsaa.org