



IOWA HIGH SCHOOL SPORTS RADIO NETWORK AFFIDAVIT

Station _____ City _____
Address _____ State _____ Zip _____

Broadcast Date _____ Event _____

Broadcast Date _____ Event _____

Broadcast Date _____ Event _____

Broadcast Date _____ Event _____

Broadcast Date _____ Event _____

Broadcast Date _____ Event _____

Broadcast Date _____ Event _____

Broadcast Date _____ Event _____

Broadcast Date _____ Event _____

Broadcast Date _____ Event _____

Station warrants that the IHSSN radio broadcasts listed above aired in their entirety as outlined in the IHSSN/Station License. This includes all commercial content distributed by the IHSSN for broadcast on the Statewide Network.

Station further warrants that this proof of performance is accurate and portrays correctly the information recorded in the permanent logs of the Radio Station listed above.

Signature _____ By _____
(print name)

Title _____ Date _____