

IOWA HIGH SCHOOL SPORTS NETWORK
 10580 Justin Drive, Urbandale, Iowa 50322 Phone: 515-276-4111 Fax: 515-276-3995
PERMISSION FOR DELAYED VIDEO BROADCAST OR INTERNET WEBCAST
OF IHSAA-SPONSORED TOURNAMENT OR MEET
 (NO ADVERTISING OF ALCOHOLIC BEVERAGES OR TOBACCO WILL BE PERMITTED)

BOARD OF CONTROL POLICY FOR VIDEO BROADCAST & WEBCAST OF IHSAA-SPONSORED EVENTS

A fee will be assessed to anyone desiring to carry delayed broadcasts or webcasts of baseball, basketball, football, soccer, wrestling and track & field contests sponsored by the State Association, on a 24-hour delayed basis, after completion of the contest. This policy does not prohibit sports highlights for television as regulated by the IHSSN. There will be no fee if the taping or showing is by a nonprofit cable television station. Resale of tape-delayed materials is prohibited.

VIDEO BROADCAST & WEBCAST FEE STRUCTURE

BASEBALL	\$450 per district game \$450 per substate game
BASKETBALL	\$450 per district game \$450 per substate game
FOOTBALL	\$550 per substate game \$550 per first-round game \$550 per quarterfinal game
SOCCER	\$450 per substate game
WRESTLING	\$650 per sectional or district meet
TRACK & FIELD	\$450 per district meet

PAYMENT OF FEES IS DUE NOT LATER THAN SEVEN (7) DAYS AFTER COMPLETION OF CONTEST. MAKE CHECK PAYABLE TO IOWA HIGH SCHOOL SPORTS NETWORK 10580 JUSTIN DR. URBANDALE, IA 50322.

SECTION I (TO BE COMPLETED BY BROADCAST ENTITY REQUESTING PERMISSION FOR ANY DELAYED BROADCAST, THEN FORWARDED TO THE TOURNAMENT OR MEET MANAGER OF THE SITE WHERE THE CONTEST WILL OCCUR)

WE HEREBY REQUEST PERMISSION TO RECORD & BROADCAST AT A LATER DATE, AS FOLLOWS:

SITE OF SPORT ACTIVITY: _____

DATE(S) OF RECORDING: _____

SPORT: _____ LEVEL OF PLAY _____

TOTAL FEE: \$ _____ District, Regional, Substate, State, 1st Round, Quarterfinal

NAME OF STATION _____ CALL LETTERS _____ TELEPHONE NUMBER _____

CONTACT PERSON _____ FAX NUMBER _____

STREET ADDRESS _____ AUTHORIZED SIGNATURE _____

CITY _____ STATE _____ ZIP CODE _____

SECTION II (TO BE COMPLETED BY THE TOURNAMENT OR MEET MANAGER) FORWARD ONE COPY TO THE REQUESTING ENTITY, RETAIN A COPY FOR YOUR FILES AND FAX OR MAIL ONE COPY TO THE IOWA HIGH SCHOOL SPORTS NETWORK, 10580 JUSTIN DR., URBANDALE, IA 50322 FAX (515)276-3995 AND ONE COPY TO THE IHSAA, PO BOX 10, BOONE, IA 50036 FAX (515)432-2961.

APPROVAL GRANTED BY _____

 TOURNAMENT OR MEET MANAGER

HOST SCHOOL _____ TELEPHONE NUMBER _____

STREET ADDRESS _____ FAX NUMBER _____

CITY _____ STATE _____ ZIP CODE _____ DATE(S) APPROVED _____

VERY IMPORTANT: IN THE EVENT YOU CANNOT RECORD ON THE ABOVE APPROVED DATE(S), BE SURE TO IMMEDIATELY INFORM THE TOURNAMENT MANAGER, SO THE SPACE MAY BE RELEASED AND USED, AS NEEDED, BY THE MANAGER.