

# IOWA HIGH SCHOOL SPORTS NETWORK

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## PERMISSION FOR DELAYED VIDEO BROADCAST OR INTERNET WEBCAST OF IGHSAU-SPONSORED TOURNAMENT OR MEET (NO ADVERTISING OF ALCOHOLIC BEVERAGES OR TOBACCO WILL BE PERMITTED)

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

A fee will be assessed to anyone desiring to carry delayed broadcasts or webcasts of basketball, volleyball, softball, and track & field contests sponsored by the Iowa Girls Union, 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

VOLLEYBALL	\$450 per regional game
BASKETBALL	\$450 per regional game
SOFTBALL	\$450 per regional game
TRACK & FIELD	\$450 per regional 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. URBAN DALE, IA 50322. HOST SCHOOL WILL RECEIVE \$50 OF FEE.

### **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: \$ \_\_\_\_\_

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.,  
URBAN DALE, IA 50322 FAX (515)276-3995 AND ONE COPY TO THE IGHSAU - FAX (515) 284-1969.*

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.