



West Central District III

OF WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

BROADCASTING APPLICATION*

Station/Company Name _____ Station Call Letters _____

Address _____ City _____ Zip _____

Phone _____ E-mail Address _____

Fax _____ Contact Person _____

Home Coverage Area _____ Teams (s) _____

We _____ (Station/Company) hereby apply for permission to broadcast the following event (s). We have read the WCDIII Broadcasting Policy and Steps and agree to abide by the terms and conditions.

Name of Event _____ Classification B, 2B, 1A, 2A, 3A, 4A (Circle One)

Date(s) of Event _____ School (s) Covering _____ Fees Owed* \$ _____

Name of Person Covering Event _____ No. of Crew Members _____

Broadcast Type (Check One):

Commercial Radio _____ Commercial TV (live) _____ Educational Radio _____

Webcast Audio _____ Television (delayed) _____ Educational TV _____

Webcast Video _____

Liability Insurance Carrier _____ Copy Provided _____ (v)

Name of Person Completing this Form _____ Title _____

Signature _____ Date _____

*Application and Payment of Fee Must be Received **Prior** to Broadcast

Send Application and Payment to:

West Central District III
PO Box 739
Maple Valley, WA 98038

e-mail : sthielwcd3@comcast.net

Fax: **800-518-WCD3**
Phone: **425-433-0555**

(WCD III Office Use Only)

Approved ___ Not Approved ___ Authorized by: _____ Date _____