Kansas State High School Activities Association

601 SW Commerce Place, PO Box 495, Topeka, KS 66601-0495; PH: 785 273-5329; FAX: 785 271-0236

RADIO & INTERNET AUDIO BROADCAST KSHSAA POST SEASON ACTIVITIES AGREEMENT

ATTENTION: Office of the Ex	xecutive Director		
Station	, a radio statio	n, desiring to broadcast live	e, or delayed, one or more KSHSAA-
sponsored contests/events in _	on (name of activity)	This station will broadcast games involving:	
$(name\ of\ school)$	(name of school)	$(name\ of\ school)$	(name of school)
	chority to act in behalf of Kansas St ment as approved by the Kansas St		ssociation (KSHSAA) member schools, Association Executive Board.
The above named station is gra	anted broadcast rights for the activ	vity listed above and agrees	to the following stipulations:
1. That no charge be made	e to the radio station for the broadcast	rights to the above mentioned a	activity.
station, its advertisers		s State High School Activities A	This activity is being brought to you by this Association. No rebroadcast, in whole or in
school year, carried pu			at this station will have, during the current ne Kansas State High School Activities As-
			purpose of advertising alcoholic beverages, nciples of educationally based activities.
5. That no individual or or or political party.	ganization be permitted to sponsor any	part of the telecast for the pur	pose of advertising for a political candidate
6. That no commercial mathe KSHSAA itself.	ay relate, directly or indirectly, the adv	vertising or the advertised prod	luct to the schools or students involved, or
			my of these stipulations are violated or any e educational objectives of the Association.
		$\underline{\underline{Yes}} \underline{\underline{No}}$ A phone line	e is desired if available to broadcast
Station Manager Printed Nam	e	Our station broadcast	has the ability to use a cell phone to
Station Manager, Signature			
		Event Manager Print	ed Name
Phone #		Event Manager, Signa	ature
Fax #		Date Approved	
E-Mail Address		TO BE COMPLET	TED BY THE RADIO STATION
			D BY EVENT MANAGER OF
Radio Station Name/Call Lette	ers	HOST SITE. ONC	ESIGNED BY BOTH PARTIES, EEDS TO SEND THE FORM TO

City

THE KSHSAA.