



# West Central District III

OF WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

### BROADCASTING APPLICATION\*

Station/Company Name \_\_\_\_\_ Station Call Letters \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

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 \_\_\_\_\_

Streaming Audio \_\_\_\_\_ Television (delayed) \_\_\_\_\_ Educational TV \_\_\_\_\_

Streaming Video \_\_\_\_\_ (Live or Delayed)

Liability Insurance Carrier \_\_\_\_\_ Copy Provided \_\_\_\_\_ (v)

Name of Person Completing this Form \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Application and Payment of Fee Must be Received at least **24 hrs prior** to Broadcast

Send Application and Payment to:

West Central District III  
PO Box 39069  
Lakewood, WA 98496

e-mail : [jkellerwcd3@gmail.com](mailto:jkellerwcd3@gmail.com)

Phone: 253-225-1761  
253-405-7009

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#### (WCD III Office Use Only)

Approved \_\_\_ Not Approved \_\_\_ Authorized by: \_\_\_\_\_ Date \_\_\_\_\_