

GIRLS BASKETBALL — 2009 State Tournament Credential Application

PRINT MEDIA/PRINT MEDIA PHOTOGRAPHERS

(Please Check One)

All-Tournament Request
 Single-Session Request

Name/Title: _____

Media Outlet: _____

Address: _____

City: _____

Phone: _____ Fax: _____ E-Mail: _____

Please Check Or Fill In Where Appropriate

_____ I have read the OHSAA State Tournament Media Information and Policies and agree to follow the conditions thereof. I desire to cover **ALL GAMES**. (*NOTE: OHSAA regulations do not permit all outlets to cover the entire tournament. To see if your outlet qualifies, read the attached media information/policies.*)

_____ I have read the OHSAA State Tournament Media Information and Policies and agree to follow the conditions thereof. I desire to cover the finals on a **SINGLE GAME** basis if a team from my normal coverage area qualifies.

_____ I need a **TELEPHONE LINE** installed. I understand that I must make my own arrangements and that I will pay for all charges.

Number of Credentials Requested:

Media Credentials _____

Photo Credentials _____

NOTE: If a reporter performs both photo and writing duties, request a photo credential.

Possible Name(s) of Person(s) Attending:

Name/Position (example: John Smith, Reporter)

Name/Position (example: John Smith, Reporter)

Name/Position (example: John Smith, Photographer)

Name/Position (example: John Smith, Photographer)

Teams I Will Cover Should They Reach State:

Teams & Divisions

Teams & Divisions

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Deadline for submitting applications is **noon on Tuesday, March 17**

Fax request to Tim Stried at the OHSAA at 614-267-1677

GIRLS BASKETBALL — 2009 State Tournament Credential Application

RADIO OR TELEVISION PLAY-BY-PLAY

(Please Check One)

- Radio All-Games Play-by-Play Request
 Radio Single Game Play-by-Play Request
 Television Single-Game Play-by-Play Request

Name/Title: _____

Media Outlet: _____

Address: _____

City: _____

Phone: _____ Fax: _____ E-Mail: _____

Please Check Or Fill In Where Appropriate

_____ I have read the OHSAA State Tournament Media Information and Policies and agree to follow the conditions thereof. I desire to cover **THE ENTIRE TOURNAMENT**.

_____ I have read the OHSAA State Tournament Media Information and Policies and agree to follow the conditions thereof. I desire to cover the tournament on a **GAME-BY-GAME BASIS** to cover the team(s) from my normal coverage area.

_____ I need a **TELEPHONE LINE** installed. I understand that I must make my own arrangements and that I will pay for all charges

Note: Semfinals available for tape-delayed telecast with own production. Details for tape-delay telecast of finals must be prearranged with SportsTime Ohio, which has exclusive agreement to televise the finals. In addition, exclusive agreement with OhioHSsports.com does not permit audio or video webcasts by other companies or radio stations to stream or post contests to their web sites.

Number of Credentials Requested:

Radio Credentials _____

TV Press Row/Talent Credentials _____

Additional TV Production Credentials _____

Possible Name(s) of Person(s) Attending:

Name/Position (example: John Smith, Reporter)

Name/Position (example: John Smith, Reporter)

Name/Position (example: John Smith, Photographer)

Name/Position (example: John Smith, Photographer)

Teams I Will Cover Should They Reach State:

Teams & Divisions

Teams & Divisions

Deadline for submitting applications is **noon on Tuesday, March 17**

Fax request to Tim Stried at the OHSAA at 614-267-1677

GIRLS BASKETBALL — 2009 State Tournament Credential Application

RADIO/TV NEWS/WEB SITES (non-play-by-play broadcasts)

(Please Check One) (1)

<input type="checkbox"/> Radio News Single-Game Request	<input type="checkbox"/> Television News All-Games Request
<input type="checkbox"/> Television News Single-Game Request	<input type="checkbox"/> Web Site (non-broadcast) All-Games Request
<input type="checkbox"/> Web Site (non-broadcast) Single-Game Request	<input type="checkbox"/> Other _____ (Please Describe)

NOTE: No audio or video webcast available since OHSAA has exclusive agreement with OhioHSsports.com.

Name/Title: _____

Media Outlet: _____

Address: _____

City: _____

Phone: _____ Fax: _____ E-Mail: _____

Please Check Or Fill In Where Appropriate:

I have read the OHSAA State Tournament Media Information and Policies and agree to follow the conditions thereof. I desire to cover **THE ENTIRE TOURNAMENT** (*NOTE: OHSAA regulations do not permit all outlets, including radio news, to cover the entire tournament. To see if your outlet qualifies, read the attached media information/policies.*)

I have read the OHSAA State Tournament Media Information and Policies and agree to follow the conditions thereof. I desire to cover the tournament on a **SINGLE-GAME BASIS** to cover a team(s) from my normal coverage area.

I need a **TELEPHONE LINE** installed. I understand that I must make my own arrangements and that I will pay for all charges.

Number of Credentials Requested:

Radio News (Media) _____ **TV News (Media)** _____ **Web Site (Media)** _____

Photo _____ **(please explain use):** _____

Possible Name(s) of Person(s) Attending:

Name/Position (example: John Smith, Reporter)

Name/Position (example: John Smith, Reporter)

Name/Position (example: John Smith, Photographer)

Name/Position (example: John Smith, Photographer)

Teams I Will Cover Should They Reach State:	
Teams & Divisions	Teams & Divisions
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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Fax request to Tim Stried at the OHSAA at 614-267-1677