**Station Name:** Jeff Place Sports ([www.jeffplace.com](http://www.jeffplace.com) – audio only) **Date:** 02/11/2025

**Address:** PO Box 1222. **Phone** (509) 829-1490

 Zillah, WA 98953

The above-named station hereby applies for permission to broadcast the following contest(s), after having read the district 5 Radio/Television Broadcasting Policy and agreeing to abide by its terms and conditions.

 **NOTE:**  Application to broadcast District 5 tournament or playoff contests must be received four (4) days prior to the contest(s), unless authorized by the district 5 Director.

**CENTRAL WASHINGTON DISTRICT 5 TOURNAMENT/PLAYOFF CONTESTS**

**Name of event:** CWAC District Basketball Tournament (All Prosser boys/girls games)

**Name of participants:** Prosser Boys/Girls vs Selah Boys/Girls + results of those contests.

**Classification of Participants** (Circle one):      1B   2B    1A    **2A**    3A   4A

**Date of Event:** 2/11, 2/12, Other Possible games **Site:** Prosser, WA

**Area Station Serves:** Prosser area and Yakima Valley

**Broadcast Type** (Check One)

\_\_\_X\_\_\_\_**Radio** \_\_\_\_\_\_Cable Television

 \_\_\_\_\_\_\_Commercial Television \_\_\_\_\_\_Educational Television

 \_\_\_\_\_\_\_Web Text Blog \_\_\_\_\_\_Web Audio

 \_\_\_\_\_\_\_Web Video w/out Advertising \_\_\_\_\_\_Web Video w/Advertising

**Sponsors** (If applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Prepared:**

**By:** Jeff Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_02-11-2025\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                          (signature)                                     (date)

**Name of contact person:** Jeff Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (print)

**Number of crew members**\_\_\_\_\_\_1-2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Method of Payment:** \_\_X\_\_\_ Check at Site (at end of district) \_\_\_\_\_ Check Mailed \_\_\_\_\_ Invoice