

# WHSSPA VIDEO BROADCAST SUBMISSION

*Mail each piece (up to 3) on a separate video tape to:*

**Attn: Dawn Knudsvig, A/C High School,  
PO Box 125, 1601 Meade Ave., Clearmont, Wyoming 82835**

Name of broadcast: \_\_\_\_\_

Name of School: \_\_\_\_\_

School's Mailing Address: \_\_\_\_\_

Adviser: \_\_\_\_\_

Does Adviser sponsor other journalism programs? \_\_\_\_\_ If so,  
what? \_\_\_\_\_

Number of grades in school: \_\_\_\_\_ Enrollment: \_\_\_\_\_

# of students on staff: \_\_\_\_\_

Is there a journalism course in the school? \_\_\_\_\_

Is a journalism course required before working on broadcast?

How often does the show broadcast? \_\_\_\_\_

Is broadcast a class project or extracurricular? \_\_\_\_\_

Is broadcast a regularly scheduled class? \_\_\_\_\_

Identify any facts or comments you feel the judge should  
consider in rating your  
broadcast: