



Colorado Broadcasters Association  
2010 State Tournament Wrestling and Basketball Lines

**\*\*\*THIS PROGRAM IS OPEN TO CBA MEMBERS ONLY\*\*\***

Marilyn Hogan, President and CEO 970-547-1388

As a service to its members, CBA will once again install lines in the following locations: 4A & 5A – CU Boulder, 3A – CSU Fort Collins, 2A – CSU Pueblo and **(NOTE THE FOLLOWING VENUE CHANGE)** 1A at the Pueblo Events Center in Pueblo.

Participants’ share of the installation fee (and one month minimum service charge) will be as follows:

- \$75 for wrestling at the Pepsi Center
- \$50 per basketball game
- Maximum charge per station for wrestling and basketball: \$250

Actual line usage must be handled through 800 numbers, calling card or collect call. It will not be possible to have long distance charges billed to the lines being used.

We are asking all stations who plan on using the lines to send the CBA a deposit of \$150 (address below). You will be billed accordingly if amount exceeds the \$150 deposit. If your station will be doing only wrestling, the total amount will be \$75. In the event you paid the \$150 deposit and your team does not make the basketball playoffs, you will be refunded \$75.

Please fill out and fax this form to the CBA by **FRIDAY, FEBRUARY 12th, 2010**. Phone 970-547-1388 • Fax 970-547-1384, **be sure to also mail the original form to the CBA with your payment. Also send a copy of your station agreement with CHSAA.** That form is available online at the following link: <http://chsaa.org/home/pdf/0708radiocontract.pdf>

*Thank you for using this CBA program.*

**\*\*\*PLEASE FOLLOW UP WITH A PHONE CALL TO CONFIRM RECEPTION OF FAX AND TO ENSURE YOUR STATION A LINE\*\*\***

State Call Letters \_\_\_\_\_ Location \_\_\_\_\_

Wrestling Line? Y \_\_\_\_\_ N \_\_\_\_\_ Basketball Line(s)? Y \_\_\_\_\_ N \_\_\_\_\_

If yes for basketball, what possible location(s)? \_\_\_\_\_

Team(s) you will probably follow \_\_\_\_\_

Station contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Payment Type: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Check / Check # \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_ Billing Zip: \_\_\_\_\_

**PLEASE REMIT DEPOSIT and FORM TO:  
CBA • P. O. BOX 2369 • Breckenridge, CO 80424  
Fax: 970-547-1384**