# CHESAPEAKE ASSOCIATED PRESS BROADCASTERS ASSOCIATION

www.capba.org

## *2009 CONTEST -- STATION MASTER LIST*

**STATION: _____ CITY:_____**

**CONTACT NAME: _____ _____**

**CONTACT PHONE: _____E-MAIL_____**

**NUMBER OF ENTRIES: Radio _____ TV_____**

**ENTRY FEE ENCLOSED: _____**

TV = $50 per entry.
Metro Radio = $30 per entry; or $40 if just one entry.
Non-Metro Radio = $25 per entry; $30 if just one entry.

***Please make check for total entry fee payable to "CHESAPEAKE NEWS ASSOCIATION":***

c/o The Associated Press
218 N. Charles Street, Suite 330
Baltimore, MD 21201

**List all of your station's contest entries below. Duplicate form for additional entries.**

| *CONTEST CATEGORY* | *ENTRY TITLE* |
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***News Director:*** _____ _____
*(Print)* *(Sign)*

***Date:*** _____