

**CHESAPEAKE ASSOCIATED PRESS
BROADCASTERS ASSOCIATION**

www.capba.org

CONTEST ENTRY FORM

Note: A separate entry form must be submitted for each entry, and all entries should be listed on the station's "Master List" forms. Please duplicate as needed. PLEASE PRINT ALL INFORMATION

STATION: _____ **CITY:** _____

CONTACT NAME: _____

CONTACT PHONE: _____ **E-MAIL:** _____

ENTRY TYPE (Check one): **RADIO** **TV**

RECORDING LENGTH: _____

TITLE OF ENTRY: _____

DIVISION (Check one): **Baltimore Metro** **Washington Metro**
 Wilmington Metro **Non-Metro**

STAFF SIZE: **Full time** **Part time**

CATEGORY:

STAFF MEMBERS TO BE CITED ON AWARD
(Print or type first and last names.)

SPOT NEWS REPORTING	
NEWS SERIES	
COVERAGE OF A CONTINUING STORY	
USE OF SOUND (RADIO ONLY)	
DOCUMENTARY/IN-DEPTH	
YEAR-ROUND LOCAL SPORTS	
EDITORIAL/COMMENTARY	
PUBLIC AFFAIRS PROGRAM/SERIES	
ENTERPRISE REPORTING	
FEATURE/HUMAN INTEREST STORY	
SPORTS FEATURE	

TV PHOTOGRAPHY	
SPECIALTY REPORTING	
WEATHERCAST (TV ONLY)	
Outstanding NEWSCAST	
OUTSTANDING NEWS OPERATION	
OUTSTANDING TALK SHOW	
OUTSTANDING WEB SITE	