



Channel Time Request Form/ Producer's Indemnification Form

Note: This form must be completed each time a new show is submitted for your program to be cablecast

Producer Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Would you prefer to be contacted by phone or email? _____

Sponsor Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Would you prefer to be contacted by phone or email? _____

Program Information

This is a: ___ Single Program/Special* ___ New Series* ___ Existing Series

**If this is a new Series or a Special, please speak with the Programming Staff regarding available time slots.*

For a Series:

How often will new programs be supplied? ___ Weekly ___ Every Two Weeks ___ Monthly

Do you have a pre-determined time slot? ___ Yes ___ No

Will this episode play in that time slot? ___ Yes ___ No

Program Title _____

Format: ___ DVD ___ VHS ___ Electronic file (Mpeg2, Quicktime, etc...)

Total Running Time: ___(hours) ___(minutes) ___(seconds)

(Example: a 1 hour, 2 minute and 30 second show would be 01:02:30)

Preferred day and time of first cablecast: _____

Optional

Does this program contain materials which may be inappropriate for young viewers? ___ Yes ___ No

If yes, this program will cablecast after 10:00 pm and conclude by 5:00 am

Please Note: Due to space limitations, programs left at PACTV longer than 30 (thirty) days will be destroyed.

For Office Use Only:

Date of first play: _____

File Name: _____

