

# Granby Community Television



APPLICATION FOR ACCESS CABLECAST

1. Program Title: \_\_\_\_\_ Tape Type \_\_\_\_\_

(circle): SVHS, VHS or DVD Program Run Time: \_\_\_\_\_ Pre Roll: \_\_\_\_\_ sec. Series \_\_\_\_\_

Produced (circle): Monthly Weekly Other \_\_\_\_\_

Special Program produced one time (check) \_\_\_\_\_ (Most tapes will have multiple air dates)

Topic: \_\_\_\_\_  
(Religion, Political, Entertainment, Public Service, Educational, etc.)

Format: \_\_\_\_\_  
(Talk show, Editorial, Interview, Sports, Documentary, etc.)

1 Producer or Organization: \_\_\_\_\_  
2 Contact Name: \_\_\_\_\_  
3 Address: \_\_\_\_\_ Home  
Phone: \_\_\_\_\_ Work: \_\_\_\_\_

5. Organization Address: (if different than Contact/Producer)

1 Local Sponsor: \_\_\_\_\_  
2 Local Sponsor Address: \_\_\_\_\_ Home  
Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Applicant warrants that it has all necessary rights and has obtained necessary clearances to transmit over the cable system's facilities and all of the applicant's program content without liability of any nature accruing to the company. Applicant also warrants that no lottery, as defined in the FCC rules and the company's access rules, is involved in the cablecast and that no obscene or indecent material is to be cablecast. Programs must not contain commercials. Please remember to get your application to us (20) business days prior to air date. Correctly label your tape and submit it 20 days prior to air date, except for town meetings. Remember to schedule a time to pick up your tape within 10 days of the last air date, or include postage and a self addressed mailing envelope. Staff is not responsible for tapes when left after 10 days.

Your Special Program Will Air: \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_ .Your Series Will

Air: \_\_\_\_\_ at \_\_\_\_\_ Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Scheduled

By: \_\_\_\_\_ Date: \_\_\_\_\_