



# PROGRAM PROPOSAL

Program proposals are considered on a first-come, first-serve basis. Please complete this form as detailed as possible. The more specific information you provide us, the more we will be able to assist you in your production.

Name: \_\_\_\_\_ Phone Res: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Bus: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

- Organization of Support: \_\_\_\_\_
- Date Today: \_\_\_\_\_ Date of Shoot: \_\_\_\_\_
- Program Title: \_\_\_\_\_
- Program Type: \_\_\_\_\_ Single Shoot \_\_\_\_\_ Series Show
- Program Format: \_\_\_\_\_ Taped \_\_\_\_\_ Live \_\_\_\_\_ Remote Van
- Program Length \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

*NOTE: Series programs are considered to be 13 weekly shows.*

### Program Outline:

Details of the program content: \_\_\_\_\_

\_\_\_\_\_

Live \_\_\_\_\_ Call-in \_\_\_\_\_ Simulcast \_\_\_\_\_ with \_\_\_\_\_

**IS YOUR PROGRAM OF ADULT NATURE, YES OR NO. IF YES, IS A DISCLAIMER ON THE PROGRAM TAPE, YES OR NO.**

(Circle either yes or no on both questions).

Special requests or requirements: \_\_\_\_\_

- Sound: \_\_\_\_\_
- Lighting: \_\_\_\_\_
- Staging: \_\_\_\_\_
- Other: \_\_\_\_\_

1st CHOICE OF TIME TO BE AIRED: DATE \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

2nd CHOICE OF TIME TO BE AIRED: DATE \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Facilities Code Number

\_\_\_\_\_  
Producer

\_\_\_\_\_  
Access Staff Signature