



CABLECAST REQUEST FORM

Producer / Submitter Information

Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Best Contact: W H C E

Do NOT release my phone numbers

Program Information

May PMC Sell Copies? Yes No

Program Title: _____

Total Run Time: _____ *Video on Demand Service Y / N

Traffic /Subscription Fees due at this time? \$ _____ Check # _____ PMC Staff _____

<input type="checkbox"/> NEW Program (Never Aired)	<input type="checkbox"/> Locally Produced	<input type="checkbox"/> Series Program	<input type="checkbox"/> Weekly Program
<input type="checkbox"/> REPEAT Program (Aired Previously)	<input type="checkbox"/> Non-Locally Produced	<input type="checkbox"/> Feature Program	<input type="checkbox"/> Monthly Program

Conditions: We will schedule all non-commercial constitutionally protected programming in accordance with programming policy; however, we will not guarantee that every Request can be granted. Locally produced Programming will always have priority over imported programming. Programming may only be submitted by active Members. You must read the Terms & Conditions form before submitting programming. Programming should be submitted in a timely manner. Programs submitted on Fridays will be aired the following week. Traffic Fees apply to all series programs. *Video On Demand service fees are required for all local programs that will be on the website. Payment arrangements can be made. Please see staff if you have questions.

Program Description: _____

Signature: _____ Date: _____

Prescott Media Center now offers a FREE VBB slide for two weeks, to promote your show. Please Indicate in the program description, what you would like viewers to see.

Any Program containing obscenity or nudity will be aired after 10:00pm.

Obscenity/Nudity? Y N INTL: _____

OFFICE USE ONLY

Program Title: _____

Renewal Date: ____ / ____ / ____ INTL ____

Submitted by: _____

Renewal Date: ____ / ____ / ____ INTL ____

Format: _____ TRT: _____

Renewal Date: ____ / ____ / ____ INTL ____

Renewal Date: ____ / ____ / ____ INTL ____

Special Instructions: _____

Renewal Date: ____ / ____ / ____ INTL ____

Renewal Date: ____ / ____ / ____ INTL ____

Renewal Date: ____ / ____ / ____ INTL ____

Renewal Date: ____ / ____ / ____ INTL ____

Renewal Date: ____ / ____ / ____ INTL ____

Local Non-Local

Renewal Date: ____ / ____ / ____ INTL ____

Monthly Weekly Feature

Renewal Date: ____ / ____ / ____ INTL ____

Renewal Date: ____ / ____ / ____ INTL ____

Prescott Schedule: S M T W T F S

Renewal Date: ____ / ____ / ____ INTL ____

Time: _____ a.m. / p.m.

Renewal Date: ____ / ____ / ____ INTL ____

Prescott Schedule: S M T W T F S

Renewal Date: ____ / ____ / ____ INTL ____

Time: _____ a.m. / p.m.

Renewal Date: ____ / ____ / ____ INTL ____

Renewal Date: ____ / ____ / ____ INTL ____

Prescott Valley Schedule: S M T W T F S

Renewal Date: ____ / ____ / ____ INTL ____

Time: _____ a.m. / p.m.

Renewal Date: ____ / ____ / ____ INTL ____

Prescott Valley Schedule: S M T W T F S

Renewal Date: ____ / ____ / ____ INTL ____

Time: _____ a.m. / p.m.

Renewal Date: ____ / ____ / ____ INTL ____