

FVTV

Fox Valley Television

Application for Cablecast/Statement of Compliance

Application Date _____ Producer ID _____

Producer's Name _____

Organization (if applicable) _____

Address _____

City, State, Zip _____

Phone _____ E-Mail _____

Program Title _____

Program Description _____ Single / Series _____

Episode # _____ FVTV Production _____ Outside Production _____

DVD _____ DVCAM _____ MiniDV _____ Length (TRT) _____

Sponsors _____

First Airing? Y / N OK to Repeat? Y / N Mature Content? Y / N

Not Timely _____ Timely _____ Do Not Broadcast after ____ / ____ / ____

Preferred Cablecast:

Early Evening ____ Late Evening ____ After 10pm N/A M/ W/ F

I understand and agree to abide by the terms of the FVTV "Operating Rules and Procedures" Yes _____ No _____

Signed _____ Date _____

(Staff Use)

Approved _____ Scheduled _____ Disk/Tape # _____

