

FVTV

Fox Valley Television

Editing Reservation

Date Needed _____ Time (4 hrs max) _____

Application Date _____ Producer ID _____

Producer's Name _____

Organization (if applicable) _____

Address _____

City, State, Zip _____

Phone _____ E-Mail _____

Program Title _____

Hard Drive # _____

Viewing/Logging Y / N Capture/Edit Y / N

Audio Production Y / N Graphic Production Y / N

Render/Conversion Y / N DVD Creation Y / N

DVD/CD/Archive burn Y / N

(Staff Use)

Approved Yes _____ No _____ (reason) _____

Edit Station # _____

Scheduled Date/Time _____ Staff initial _____

