

FVTV

Fox Valley Television Studio Request

Date Needed _____ Time _____ to _____

Application Date _____ Producer ID _____

Producer's Name _____

Organization (if applicable) _____

Address _____

City, State, Zip _____

Phone _____ E-Mail _____

Program Title/Episode # _____

Program Description _____

Program Length _____ Single Program _____ Multi-Part _____

Series Production: Weekly _____ Bi-Weekly _____ Monthly _____

Producing: Segments _____ Live to Tape _____ Live Pgm. _____

Crew Members: Director _____ TD _____

Cam1 _____ Cam2 _____ Cam3 _____

Graphics _____ Floor _____ Tape Op _____

Special Needs: _____

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

Signed _____

Approved _____ *Scheduled* _____ *Staff initial* _____

