

Request For Cablecast

1) Project Information						
Project Title:				Origin: I	Local 🗖 Impo	ort 🗖
Series: Y□ N□	Program Leng	th (not to exceed):	:	:		
Brief Project Description:						
Notes (If any):						
Save DVD for Producer: $Y \square N \square$ Allow AWCA-TV to add video to VOD website: $Y \square N \square$						
2) Producer Information						
Name:						
Address:			City/Town:		Zip Code:	
Phone Number:	()	-	E-mail:			
I certify that the contents of the program broadcast will meet the requirements and laws of the Federal Communications Commission, State and Local governing agencies, and AWCA-TV policies and regulations						
					/	/
Producer Signature Date						
3) Sponsor Information (necessary if program is not local)						
Name:						
Address:			City/Town:		Zip Code:	
Phone Number:	()	-				
					/	/
Sponsor Sign	ature				/ Date	
AWCAT-TV Policies allow member-produced programming to be shown a maximum of four times during the first week of play. Programs are restricted to two prime-						
time showings per week (prime-time is defined as 5pm-10pm) Reference (Section: Channels/ Page: 15-22) in the AWCA-TV Policies and Regulations Packet for more information						
4) Desired Times						
Monday	a.m./p.m.	- a.m./	p.m. Thursday	a.m./r	o.m	a.m./p.m.
Tuesday	a.m./p.m.				o.m	a.m./p.m.
Wednesday	a.m./p.m.		1 ,		o.m	a.m./p.m.
		J	Sunday		o.m	a.m./p.m.
To be filled out by Staff ONLY						
	Approved By	<i>'</i> :		Date:		
Producer Membership on file: YES □ NO □ Sponsor Membership on file: YES □ NO □						
				FAC	IL ID#	