

Ashburnham Westminster Community Access Corporation

9 Oakmont Drive, Ashburnham MA 01430 | 978-827-5089 | events@awcm.org

Cablecast App ID:_

Request for Cablecast

AWCM requires that all programs both locally produced or imported, are to complete this form prior to cablecasting.

All programs must meet the minimum standards as described in the Policies and Procedures packet. All programs must be submitted at least 5 days prior to the requested airing date and time.

If the program being imported from outside our area, then the reverse side needs to be completed with the Sponsor (current member of AWCM) information and their signature.

Please indicates also on the reverse side time-slots that you like to request for cablecasting				
PROGRAM INFORMATION				
Program Title				
Program (Single or Series) Description				
Is this a Series?		Program Length (Not to	Exceed)	
Local Program or Imported		Program Media Type		
PRODUCER INFORMATION				
Producer First Name		Producer Last Name		
Producer Address (No PO Box)		Town / City	State Zipcode	
Producer Phone Number	Producer Email Address			
I certify that the contents of the program(s) for broadcast will meet the requirements and laws of the Federal Communications Commission, State and Local governing agencies, and AWCM Policies and Procedures. I further idemnify Ashburnham Westminster Community Access Corporation, its staff, Board of Directors, members and affiliates any legal action that could arise regarding the content of this program or series.				
DDODLICED CIONATUDE				
PRODUCER SIGNATURE				
			Date	
Producer Signature				

OFFICIAL USE ONLY: Staff Approval:_____ Date:____

SPONSOR INFORMATION				
Sponsor First Name	Sponsor Last Name			
Sponsor Membership ID Number (OFFICIAL USE)				
I certify that I will be responsible for the program and its content for broadcast on the Ashburnham Westminster Community Access Corporation (AWCM) channel(s) and idemnify and hold harmless the corporation, its staff, Board of Directors, members and affiliates from any legal action that could arise regarding this program or series.				
SPONSOR SIGNATURE				
	Date			
Producer Signature				
REQUESTED TIME SLOTS FOR CABLECAST				
AWCM allows for up to four (4) requests for cablecasting of the submitted program. Two (2) are allow during Daytime slots (6:00am to 5:00pm) and two (2) primetime slots (5:00pm to 10:00pm). For more information on these policies and more, please reference the AWCM Policies and Procedures packet.				
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1st Request - Day of Week and Time				
Ond Downson, David SWada and Time				
2nd Request - Day of Week and Time				
0.15				
3rd Request - Day of Week and Time				
4th Request - Day of Week and Time				