

Phippsburg Community Access Television

1042 Main Road, Phippsburg, ME 04562

Phone: 389-2653

Channel Time Application

Fax: 389-1522

Program Title _____ Length _____

Producer _____

Tape Ownership: Access Individual Organization

Underwriters: Yes No How Many (circle number) 1 2 3 4

Organization (if applicable) _____

Address _____

Telephone _____ Email Address _____

Requested Play Dates

Approved Denied Date _____ Time _____

Approved Denied Date _____ Time _____

Approved Denied Date _____ Time _____

Approved Denied Date _____ Time _____

I understand that the Phippsburg Community Television Channel may offer additional playbacks of the above-titled program to complement a full daily playback schedule.

I hereby acknowledge full responsibility for the total program content of the above-titled program, and have secured all necessary performance and copyright releases. I agree to reimburse Phippsburg Community Television, the Town of Phippsburg, and Comcast for any copyright liability that they may incur as a result of the cablecasting of the above-titled program. In addition I acknowledge that the above-titled program adheres to the guidelines of the program content as set forth in the Phippsburg Community Television operations manual.

Signature _____ Date ____/____/____

Print Name _____

OFFICE USE ONLY

CTA CONTENT CB TONE SLATE TITLE PGM AUD2 CREDIT BLK CTRL

Evaluation by _____