

Program Proposal

Name: _____ Date: ____ / ____ / ____

Phone: _____ Organization: _____

Program Title: _____

1. Will the program be: ___ a single program ___ submitted weekly ___ submitted monthly ___ other (explain) _____

2. Program format: ___ talk show ___ lecture/demo ___ public meeting ___ sports ___ music ___ theatre ___ edited documentary ___ political ___ other (explain) _____

3. Describe program content (topics, name/number of guests, etc.): _____

4. Location of shoot: _____

5. Date(s) and time(s) of shoot: _____

6. What is the anticipated length of program: _____ Date of completion: ____ / ____ / ____

7. Will program require editing? ___ yes ___ no

8. Please list crew: _____

9. Please list equipment needs: _____

10. Will the program contain offensive language, nudity, sexually explicit, or excessively violent material? ___ yes ___ no

As producer of the program named above, I accept full responsibility for program content. I have read, understand, and agree to abide by the APAT Policies and Regulations. I agree to indemnify and hold harmless Metrocast, the Town of Acton, Cable Committee, APAT, APAT staff, and members from any liability, legal fees, or expenses whatsoever incurred as a result of cablecasting this program.

I agree to provide APAT, if requested, prior to the cablecast of the program named above, with copies of any releases, licenses, or other permissions required to legally cablecast the program on the APAT access channel(s).

I give APAT the right to duplicate this program, for distribution if requested to do so, without any copyright liability whatsoever. I also give APAT permission to use this program, or parts of it, for promotional purposes.

Producer signature: _____ Date: ____ / ____ / ____

If producer is under 18, name of parent/guardian: _____

Parent/Guardian signature: _____ Date: ____ / ____ / ____

Staff Use:

___ Accepted ___ Rejected Date: ____ / ____ / ____ Initials: ___ Reason: _____