



PROGRAM SUBMISSION FORM

My Program is... <i>(check one)</i>	My program was produced at or by... <i>(check one)</i>	My program contains... <i>(check all that apply)</i>	My program... <i>(check one)</i>
<input type="checkbox"/> Single Program	<input type="checkbox"/> PCTV Facilities	<input type="checkbox"/> < 50% Original Material	<input type="checkbox"/> Was Previously Broadcast at PCTV
<input type="checkbox"/> Series Program, NEW*	<input type="checkbox"/> Other Access TV Facilities	<input type="checkbox"/> > 50% Original Material	OR
<input type="checkbox"/> Renewing a Series*	<input type="checkbox"/> Independently at Home	<input type="checkbox"/> Graphic or Medical Material* <small>*Can not air between 6am-9pm</small>	<input type="checkbox"/> Was Not Previously Broadcast at PCTV
<small>*How many submissions in the series?</small>	<input type="checkbox"/> By a Commercial Facility	<input type="checkbox"/> Potentially Offensive Material <small>*Can not air between 6am-9pm</small>	

1. **Submitter ID#** _____ *or* **First Name:** _____ **Last Name:** _____
 Address: _____ City: _____ State: __ Zip Code: _____
 Phone/Day: (____) _____ - _____ Phone/Fax: (____) _____ - _____ Phone/Cell: (____) _____ - _____
 Phone/Eve: (____) _____ - _____ Email: _____

2. **Program ID#** _____ *or* **Title:** _____

3. **Producer's First Name:** _____ **Last Name:** _____
 Address: _____ City: _____ State: __ Zip Code: _____
 Phone/Day: (____) _____ - _____ Phone/Fax: (____) _____ - _____ Phone/Cell: (____) _____ - _____
 Phone/Eve: (____) _____ - _____ Email: _____

4. **If produced at another access center:** Name of access center, contact person & phone number

5. Describe the **program's content**. In addition to a program summary, include information about potentially offensive material that may have a bearing on when the program can be scheduled (*See reverse side ►*)

6. **Media Formats:** What media formats are you submitting? **DVD-R** **DVCam** **Mini DV** **Super VHS** **VHS** **¾" U-Matic**

7. **Series program(s):** How many programs in series? _____ What is the series type?
 (Check One) **Weekly** **Bi-Weekly** **Monthly**

8. **Labeling** your media correctly is important. See "*Program Submission Form Instructions*" for specific details

9. **Special Scheduling Requests:** _____

10. Please do the following with my submission after airing: **Recycle**, **Return****, **Hold for Pick-Up*****
 ***Pre-stamped packaging is required at the time of submission for each mail return*
 *****PLEASE NOTE All media will be recycled 30 days from the date of air**

11. Please initial next to each item that PCTV has your permission to do with your submission:
 Provide Producer Information _____ Duplicate _____ Keep a Copy for Future Playback _____

12. "*I have read and agree to the 'Penfield Public Access Channel Policies & Procedures'.*"

Signature of Requester _____ **Date** ____/____/____

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Submitter ID# _____ or Name: _____

Program ID# _____ or Title: _____

5. Describe the **program's content**. In addition to a program summary, include information about potentially offensive material that may have a bearing on when the program can be scheduled. This information may be used to help promote your program on the PCTV web-site.

For PCTV Staff Use Only:

This Request received on ____ / ____ / ____ by: _____

Facil: Project ID# _____ Program # _____

Episode # _____ Tape # _____ Producer ID# _____ Submitter's ID# _____

Scheduled cablecast: Day/Date(s) _____ Time _____ Date ____ / ____ / ____

If Problem, Requester notified by _____ How? Phone, Email, Mail Date ____ / ____ / ____

If request was returned to requester: Returned by _____ How? Phone, Email, Mail Date ____ / ____ / ____

For what reasons? audio problem video problem other: _____

COMMENTS:
