

PANDA TV 23: Series Program Request Form

Adopted March 18, 2010

Please note the following:

- This document is public record.
- Submit this form with program DVD of first episode with a signed PANDA Program Policies and Program Agreement Form.**
- Submissions are accepted in DVD format ONLY.**
- All materials must be received 3 weeks in advance of requested airtime.**

Channel User Information:

First Name: _____ Last Name: _____

Address: _____

City _____ State _____ Zip _____

Email: _____

Daytime Phone: _____ Cell Phone: _____

If under 18, Teacher/Guardian contact info: _____

If under 18, a Teacher/Guardian is required to sign the **Program Agreement**

If this request is submitted on behalf of an organization, a letter or email is required from an officer of the organization. Please include name of contact person from the organization connected to this Program.

Program Information

Program Title: _____

Total Running Time (TRT): _____

How Many Programs are in the Series? _____

Producer/Filmmaker/Creator Name: _____

Program Description (for publication on PANDA website):

Scheduling Preferences. (PANDA does not guarantee time schedule requests, but will make every effort to accommodate each request.)

1. Day: _____ Time: _____ (am) _____ pm

2. Day: _____ Time: _____ (am) _____ (pm)

3. Day: _____ Time: _____ (am) _____ (pm)

Program Category: (circle one)

Entertainment, Education, Documentary, Political, Municipal Meeting, Environmental, PSA's/Promo's, Arts, Experimental, Religion, Books/Poetry, Finance/Business, Film/Media, Seniors, Community Concerns, Sports, Talk Show, Theater, Music, Travel, Comedy, Spiritual, News, Drama, Other _____.

Intended Audience: (circle one) Any, Adults, Children, Teens

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2

Does this Program require a disclaimer under PANDA's Program Policies for adult, violent, and/or medically graphic programming?

Yes ___ No ___

Program Series is:

___ monthly ___ every other week ___ weekly ___ other (describe) _____

Does this Series Program contain 50% for more of material produced by someone other than yourself (i.e. music videos, films/TV clips, archive material)?

Yes ___ No ___

Is this Series Program currently cablecast in whole or in part in another public access station? Yes ___ No ___

If yes, what station? _____

In order for your request to be processed, the following must be complete:

- This form is signed and dated.
- PANDA **Program Policies and Program Agreement Form** is signed, dated and submitted with this request.
- The correct DVD, properly labeled with full title, is submitted with this request.

Channel User Signature

Date