

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 or choose from the drop down list to the right)

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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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