EVANSTON CMC
COMMUNITY MEDIA CENTER
PUBLIC • EDUCATION • GOVERNMENT

REQUEST FOR CABLECAST

Please print information legibly—This information will be used in the published schedule where applicable

Program Title: _____

Single or *Series* Series Show Number:_____ Total Running Time: _____hrs _____min _____sec

Program Description (*please describe the program's content in brief*) **Program Format** DVCPro___ DVCam___ MDV___ DVD__

_____

_____

Access Channel: ☐ ECTV Channel 6 ☐ City Cable Channel 16 ☐ District 65 Channel 19

Is this the first cablecast of this program on an Evanston CMC access channel? ☐ YES ☐ NO

Program Category Information:

☐ Not Timely ☐ Timely and SHOULD NOT be cablecast after the date of _____/_____/_____

☐ Suitable for general audiences ☐ Contains adult language and/or situations (can only be broadcast after 10 p.m.)

First Choice	PREFERRED CABLECAST TIMES	Second Choice

Date: _____ Date: _____

Time:_____ Time:_____

OR check one
☐ Early Evening
☐ Late Evening
☐ Weekend

The actual cablecast times will be based on availability, prioritized by the order in which the forms were received. Series shows currently in production hold priority over the regular times.

OR check one
☐ Early Evening
☐ Late Evening
☐ Weekend

LOCAL PROGRAMS ONLY

ECMC Tape Number: _____

Submitted by:_____

Daytime Phone:(_____)_____

Evening Phone:(_____)_____

ECMC work tapes that can be recycled:

_____

FCP Projects that can be eliminated:

_____

iMovie Projects that can be eliminated:

_____

IMPORTED PROGRAMS ONLY

SPONSOR'S INFORMATION

Submitted by:_____

Daytime Phone:(_____)_____

Evening Phone:(_____)_____

PRODUCER'S INFORMATION

Name:_____

Street Address:_____

City, State & Zip:_____

Daytime Phone:(_____)_____

Evening Phone:(_____)_____

The submitter had read and agrees to all policies contained in the Operating Rules and Regulations of the Evanston Community Media Center pertaining to cablecast of programs, and has signed the Statement of Rights & Responsibilities.

Signature of Submitter:_____ Date:_____