



# Newington Community Television, Inc.

90 Welles Drive North • Newington, CT 06111

(860) 667-5814 • Fax (860) 667-5819

Email: nctv@nctv.org

*Prime Time Newington*

### **Application for Broadcast of Submitted Pre-Produced Program**

1. Name of Applicant: \_\_\_\_\_
2. Name of Organization (if any): \_\_\_\_\_ Title: \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_
4. Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
5. Title of Program: \_\_\_\_\_
6. Producer: \_\_\_\_\_
7. Address & Tel No. \_\_\_\_\_
8. Program Length: \_\_\_\_\_ Format: \_\_\_\_\_
9. Requested Program Schedule (check one):  
Daily  Weekly  Monthly  Other \_\_\_\_\_
10. Preferred time slot: 1<sup>st</sup> Choice: \_\_\_\_\_  
2<sup>nd</sup> Choice: \_\_\_\_\_  
3<sup>rd</sup> Choice: \_\_\_\_\_
11. Detail program content & format: \_\_\_\_\_  
\_\_\_\_\_
12. State the names of people who are expected to appear on the program:  
\_\_\_\_\_  
\_\_\_\_\_
13. List any sponsor or person who has directly or indirectly paid for or promised to pay for any aspect of the production:  
\_\_\_\_\_  
\_\_\_\_\_

Any production or telecasting privileges granted hereunder shall expire thirteen (13) weeks from date of approval. The applicant understands that the "Regulations and Warranties for Public Access Usage" notice, already signed applies to this application, as does the Cox Communications Public Access Handbook. The applicant understands that he/she will only be notified if the application is denied, otherwise it is his/her responsibility to refer to the NCTV schedule for actual air dates and times.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ NCTV ID #: \_\_\_\_\_

Attach this form to your *labeled tape* and place in the "Programming Submissions" box in the Main Office.