



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 Use of the Studio for a Live or Taped Production

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: _____ Select: Live Taped Format: _____
9. Requested Program Schedule (only if Live):
Check One: Daily Weekly Monthly Other _____
10. Preferred time slot (if live): 1st Choice: _____
2nd Choice: _____
3rd 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:

14. Date(s) of Studio Use Requested: _____
15. Time(s) of Studio Use Requested: _____

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 will be notified of approval or denial.

Signature: _____ Date: _____

Print Name: _____ NCTV ID #: _____

Please submit this form, along with NCTV Form 114, to the mailbox of the Second Vice President for approval of studio use. If this is a live show, approval must also be granted by the First Vice President.