



**APPLICATION FOR AIR TIME**

- [ ] New User **(Include Application, Signed User Agreement & Proof of Residence)**  
[ ] Existing User **(Include Application & Proof of Residence)**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Program Title

\_\_\_\_\_  
Address **(No P.O. Box Numbers)**

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
E-Mail

**Check applicable:**

\_\_\_\_\_ FTP file(s) that meet studio's requirements.

\_\_\_\_\_ will require production facilities or equipment.

**Indicate two choices of preferred days and times for programming (subject to availability)**

1<sup>st</sup> Choice (day and time): \_\_\_\_\_

2<sup>nd</sup> Choice (day and time): \_\_\_\_\_

Length (in minutes): \_\_\_\_\_ Single Program: [ ] Series: [ ]

Brief description of program: \_\_\_\_\_

\_\_\_\_\_  
Applicant states that they have read Public Access operating rules, terms, and conditions governing cable access television use and agreed to abide by the terms and conditions contained herein. The cable operator reserves the right to pre-empt or reschedule program and production time when necessary. Applicant agrees that cable operator will not be held liable for personal property damage that might occur while using said facilities and equipment. Any fraudulent information on this application will cancel the processing of this request.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**For Internal Use Only**

**WEB**

Day & Time Slot: \_\_\_\_\_

Date processed: \_\_\_\_\_

**PLEASE NOTE: ONLY ONE APPLICATION PER SHOW/SPONSOR**