



EDITING APPLICATION

Program Title: _____

Individual or Group Applying: _____

Phone #: _____ Cell #: _____

E-mail: _____

Date(s) and Time(s) Requested (2 non-consecutive sessions of 4 hours each may be booked at any given time with a maximum of 12 hours per week):

1) Date: _____ Time: _____

Alternate Date: _____ Time: _____

2) Date: _____ Time: _____

Alternate Date: _____ Time: _____

I have read the Charter Communications Access Rules and Access User Agreement and have agreed to all terms. I understand that this application must be submitted at least seven (7) days prior to requested editing date. I also understand that a completed Access User Agreement and Application for Air Time must be submitted prior. Applicant assumes all responsibility in accordance with Charter Communications Access Rules and Access User Agreement.

(Please be prompt in your arrival to and departure from the edit suite and please adhere to your reserved time slot.)

Applicant's Signature: _____ Date: _____

Date: _____ Time Reserved: _____

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For Internal Use Only

Approved by: _____

Date processed: _____