



STUDIO APPLICATION

Program Title: _____

Name: _____

Phone #: _____ Cell #: _____

E-Mail: _____

Date(s) requested: _____ (REM) Time in/out request

Time requested: _____ (Typical studio shoots have approximately 3 hours use)

Please list names of ALL production crew and guests: Please use the back of this form for additional crew

Name/Address/Phone: _____

Name/Address/Phone: _____

Name/Address/Phone: _____

Name/Address/Phone: _____

Name/Address/Phone: _____

Name/Address/Phone: _____

(REM) Are crew members trained and qualified Access Users? Yes _____ No _____

(ADD) Please use the back of this form to provide a brief description of your show

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 five (5) days prior to requested studio date. I also understand that a completed Access User contract and Application for Air Time must be submitted prior. Applicant assumes all responsibility in accordance with Charter Communications Access Rules and Access User contract.

Applicant's Signature: _____ Date: _____

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Approved by: _____

Date processed: _____

Brief description of your show: _____

Additional production crew and guests:

Name/Address/Phone: _____

Name/Address/Phone: _____

Name/Address/Phone: _____

Name/Address/Phone: _____

Name/Address/Phone: _____

Name/Address/Phone: _____



For Internal Use Only

Number of shows recorded: _____

Date: _____ Show Episode#: _____ Library File: _____ TRT: _____

Date: _____ Show Episode#: _____ Library File: _____ TRT: _____

Date: _____ Show Episode#: _____ Library File: _____ TRT: _____

Date: _____ Show Episode#: _____ Library File: _____ TRT: _____