



STUDIO APPLICATION

Program Title: _____

Name: _____

Phone #: _____ Cell #: _____

E-Mail: _____

Date(s) requested: _____ Set-up time: _____ End Time: _____

Alternate Date: _____ Set-up time: _____ End Time: _____

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):

Please list names of ALL production crew and guests.

All crew must have completed training and reside within Charter Communications' franchise area

Producer _____ Camera _____

Director _____ Camera _____

Tech Dir _____ Audio / Graphics _____

Guest(s) _____

Are crew members trained and Certified Studio Users? Yes _____ No _____

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 studio 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.

Applicant's Signature: _____ Date: _____

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For Internal Use Only

Approved by: _____

Date processed _____