

Cable Time Request**(must be submitted with Statement of Compliance (on reverse) for cablecasting on NCTV)**

Program Title _____ Program Length: ___ h ___ m ___ s

Subject _____ Pre Roll: ___m ___s

Producer _____ NCTV Member? Yes No

(if no) Sponsor _____

Mailing Address _____

Town _____ Telephone Number _____

Date Received by NCTV _____ Technical Quality Check _____

Cablecast Day/Date/Time Requested _____

Note: NCTV accepts day/date/time requests on a first-come, first served basis. Specific day/date/time requests will be honored if and when possible; however, NCTV reserves the right to make final scheduling decisions within a reasonable proximity to requested dates and/or times, and programming will be scheduled at the discretion of NCTV staff. Cablecast priority will be given to (1) programs produced by NCTV-certified producers; then (2) other local producers (who, if they are not residents of Newport, must have a Newport resident sponsor; and then (3) non-local productions (which must have a Newport resident sponsor.)

Program To Be Donated To NCTV Archive? Yes No(if no) Self-addressed stamped envelope provided Notify for pickup at above address_____
Signature of Producer / Sponsor_____
Date_____
If under 18 years of age, signature of parent or legal guardian_____
Date**(over for Statement of Compliance)**