



# CAPITAL COMMUNITY TELEVISION

## SERIES PROGRAM SCHEDULING REQUEST AND PROGRAM CONTRACT

Date: \_\_\_\_\_ Series Program Title: \_\_\_\_\_

Producer/Presenter Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Local Resident Street Address: \_\_\_\_\_

This program is produced by \_\_\_me \_\_\_another individual or organization

I request a timeslot for a series that is: \_\_\_weekly \_\_\_bi-weekly \_\_\_monthly

Length of Show: (check one)

- 29:59
- 59:59
- 1:29:59
- Other \_\_\_\_\_

What format will videotapes be:

- VHS
- SVHS
- DVCPPro
- MiniDV

Series Time Request: *(CCTV will try to accommodate your preferences. Locally produced programs take precedence over locally sponsored programs.)*

First Choice: \_\_\_\_\_ at \_\_\_\_\_ AM PM  
Day of week Time of day

Second Choice: \_\_\_\_\_ at \_\_\_\_\_ AM PM  
Day of week Time of day

Third Choice: \_\_\_\_\_ at \_\_\_\_\_ AM PM  
Day of week Time of day

**Please answer: does your program contain potentially objectionable material?**

TV14 includes intense violence, intense sexual situations, strong coarse language, or intensely suggestive dialogue: **Yes** \_\_\_ **No** \_\_\_

TVMA includes graphic violence, explicit sexual activity, or crude indecent language. **Yes** \_\_\_ **No** \_\_\_

Violence or Extreme Degradation **Yes** \_\_\_ **No** \_\_\_

If so, you must include a 15 second viewer advisory immediately prior to the beginning of the program.

The viewer advisory for Violence or Extreme Degradation, TV14 and TVMA are all different.

**Please read the Warranty Agreement on page 2 of this contract.**

Program category: (check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Public Affairs      | <input type="checkbox"/> Community Affairs  |
| <input type="checkbox"/> Educational         | <input type="checkbox"/> Election/Candidate |
| <input type="checkbox"/> Arts/Entertainment  | <input type="checkbox"/> Ethnic             |
| <input type="checkbox"/> Sports              | <input type="checkbox"/> Health             |
| <input type="checkbox"/> Religious/Spiritual | <input type="checkbox"/> Children's         |

Program Description: (optional)

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Do you plan to apply for the same day and time next season? Yes \_\_\_ No \_\_\_

**Please read the agreement on the back of this form and sign your name.**

