Cablecast Request Form

Program Title: ____________________________________________

Produced /Sponsored by: ____________________________ Phone: _______________________

Approximate Program Length: ______________ Requested Airdate: ________ or ___ASAP

This is a: ______ Single Program ______ Series

If this is a series, indicate frequency of new episodes: ___Weekly ___Monthly _________ Other

Permission for Extended Viewing Use. (Check all that apply):

_____ Part for Westford CAT Sampler  _____ Webcasting

_____ Share with other Access Centers  _____ Allow others make copies

Brief Description of Program: ____________________________________________________________

________________________________________________________________________________

Does the program contain:

_____ Extreme Violence  _____ Nudity  _____ Adult Language/Content

(If any of the above items are checked, we will use safe harbor guidelines when scheduling its playback.)

I have read, understand and agree to abide by the rules set forth in the approved policies and procedures of Westford CAT or face disciplinary action as described. I acknowledge that I have obtained the necessary releases, licenses and permissions necessary to cablecast this program and I understand that I am personally responsible for the content of the programs that I produce and/or sponsor for playback on Westford CAT.

______________________________________________
Signature of Producer/Sponsor Requesting Cablecast

_______________________________
Date

Address

Phone/Email

Name of Parent/Guardian (if producer/Individual is a minor) / Signature

For Staff Use

Received by: _________________________ Date __________________________

Rev. 4, 06/2014