



---

## 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

|                      |            |
|----------------------|------------|
| <b>For Staff Use</b> |            |
| Received by: _____   | Date _____ |