

**Release to MEDIA NETWORK of Waterford
Public Access Channel 10**

Name: _____ Phone: _____

Address: _____

Program Title: _____ T.R.T. _____

Episode Title: _____ Episode #: _____

Program description: _____

Tape format: _____ 3/4", _____ SVHS, _____ VHS, _____ DVD, _____ DVCPRO

Requested date for first cablecast: ___/___/___ Time: _____

This program may be cablecast: _____ 6times _____ until ___/___/___

Will the program be for a mature audience? _____ No, play anytime
_____ Yes, play after 11:00p.m.

Is this program produced by a
Waterford resident / Organization? _____ Yes or _____ No

If the above program is produced by a non-Waterford resident / organization it will be considered outside programming and will be required to submit three letters from Waterford cable subscribing residents, stating they would like this program broadcast on the Waterford Public Access Channel. The producer will be required to re-submit three new letters once a year to continue broadcasting with Media Network.

Media Network does not censor any programs aired on channel 10. By signing this form you are stating your responsibility for any misuse of your show and are held accountable for any complaints that may arise.

Signature: _____

Printed Name: _____

****Staff Use Only****

Date first aired ___/___/___ Staff initials _____
Format for broadcast: 3/4", SVHS, VHS, DVD, DVCPRO