

**Media Network of Waterford**  
Request for Community Television Coverage Application Form

Name of your organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person (in your organization): \_\_\_\_\_

Contact's phone numbers:      Res: \_\_\_\_\_      Bus: \_\_\_\_\_

What is the event? \_\_\_\_\_

Where is it taking place? \_\_\_\_\_

Date of the event: \_\_\_\_\_      Start time: \_\_\_\_\_      Duration: \_\_\_\_\_

Will any copyright material be used? \_\_\_\_\_  
(If yes, please attach copy of written clearance for use on the community channel).

Why would you like us to cover your event for community television?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where will you publicize the fact that your event is being televised and its air dates?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your name: \_\_\_\_\_      Phone numbers: \_\_\_\_\_  
(If different from above)

Please use other side for any other information or comments.