



# New Project Application Form

**Notice:** *At the completion of this project, the video shall be released to AWCATV.*

*You can reserve equipment up to 30 days prior to use and it is recommended that you give at least 48 hours notice. Please be aware, as an active facility, it may be difficult to reserve equipment with less than a two week notice.*

<b>Date:</b> / /			
<b>1) Project Information</b>			
<b>Project Title:</b>			
<b>Series:</b> Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Program Length (not to exceed):</b> : :		
<b>Producer's Name:</b>			
<b>Co-Producer/Host Name:</b>			
<b>Organization:</b>			<b>Website:</b>
<b>Underwriters:</b> Y <input type="checkbox"/> N <input type="checkbox"/>	<i>If so:</i> In-Kind <input type="checkbox"/> Monetary <input type="checkbox"/> Other <input type="checkbox"/>		
<b>Brief Project Description:</b>			
<b>Notes (If any):</b>			
<b>2) Check one from each category</b>			
<b>Project Subject</b>			
Arts / Culture <input type="checkbox"/>	Community Service <input type="checkbox"/>	Education, Adult <input type="checkbox"/>	Education, Child <input type="checkbox"/>
International <input type="checkbox"/>	Internet <input type="checkbox"/>	Music - Live <input type="checkbox"/>	Music - Tape <input type="checkbox"/>
Promotion <input type="checkbox"/>	PSA <input type="checkbox"/>	Public Affairs <input type="checkbox"/>	Religion / Spiritual <input type="checkbox"/>
Other <input type="checkbox"/> :			
<b>Production Type</b>			
Field Production <input type="checkbox"/>	Import <input type="checkbox"/>	LIVE Event <input type="checkbox"/>	
Municipal <input type="checkbox"/>	PSA <input type="checkbox"/>	Studio <input type="checkbox"/>	
<b>Adult Content :</b> Y <input type="checkbox"/> N <input type="checkbox"/>			

**All necessary talent and copyright releases required by law must be obtained by the producer.**

*I have requested that Asburnham Westminster Community Access Television broadcast the program detailed above. I am a member of AWCATV and take full responsibility for the contents of this program. I give AWCATV permission to release my name if necessary, as the producer of record broadcasting the above program. I give AWCATV permission to keep a copy of this tape to use for broadcast or promotional purposes, if and when AWCATV chooses, for at least one year from the date of this application.*

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**Producer Signature** **Date**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Staff Signature** **Date**

FACIL ID#