

Falmouth Community Television (FCTV-13)

Program Proposal Form

DATE: _____

NAME: _____ PROGRAM ID #: _____

ADDRESS: _____ PHONE: _____

ORGANIZATION (if any): _____

PROGRAM TITLE: _____

PROGRAM FORMAT (Check any that apply): STUDIO _____ FIELD _____

ESTIMATED PROGRAM LENGTH: _____

SINGLE PROGRAM: _____ SERIES: WEEKLY _____ MONTHLY _____

BRIEF DESCRIPTION OF PROGRAM AND INTENDED AUDIENCE:

Are you receiving compensation in any form for this program? (yes / no / maybe)

If "yes" or "maybe", please describe (cash, barter, grant, sales):

Do you plan to shoot and edit this program using FCTV resources exclusively?

If "no" please describe: _____

Are you making this program for any other use than cablecast on FCTV's Channel 13?

If "yes", please describe:

I understand that I am responsible for the production and presentation of my programs. I agree to hold harmless Falmouth Community Television, its directors, staff and employees from any liability, loss, claim, cost or damage of any nature whatsoever which may arise by reason of any claim that any material produced, cablecast or disseminated by me infringes or violates the rights of any person or organization. False of misleading statements made in the contract are grounds for forfeiture of the right to use FCTV equipment, facility and expulsion from Falmouth Community Television.

PRODUCER'S SIGNATURE: _____ **DATE** _____

STAFF SIGNATURE: _____ **DATE:** _____

ASSIGNED PRODUCTION NUMBER: _____