

Appendix D, Channel Time Request Form

Note: For each show or series of shows Producers must submit a signed Producer Statement of Compliance with this Channel Time Request Form.

Program title _____

This program is: one time show series (circle one)

Series: Start/end date: _____

Producer name _____ Home telephone _____

Address _____

Work/cell number _____ Email _____

Program description _____

Please check one: ___adult entertainment ___cultural ___educational
 ___health ___music ___govt./politics
 ___religious ___sports ___youth
 ___other _____

RCTV use:

Date and time assigned:	Day	Time
_____	_____	_____
_____	_____	_____

RCTV accepts this program for cablecast on RCTV 15 but reserves the right to preempt the show at any time.

RCTV signature: _____ Date: _____