

Program Submission Form



Individual Name: _____ Member # _____
First Name Last Name

Organization (if any): _____

Ind./Org. Address: _____

City of Charlottesville Resident? Yes No

Phone Numbers: Home: _____ Cell: _____ Work: _____

Email: _____ Website: _____

Describe membership role (check one): Series Producer Sunday Provider Single Program

Have you completed the CPA-TV Studio Basics course? Yes No

| SERIES PROGRAM INFORMATION | SUNDAY PROGRAM INFORMATION |
|---|--|
| Title of Program: _____ _____ | Title of Program: _____ |
| Episode # or title: _____ _____ | Topic of Sermon: _____ |
| Date of Recording: _____ | Date of Recording: _____ |
| Air Date: _____ _____ | Air Date: _____ |
| Length: <input type="checkbox"/> 29 minutes <input type="checkbox"/> 59 minutes | Length: <input type="checkbox"/> 29 minutes <input type="checkbox"/> 59 minutes |
| Run: <input type="checkbox"/> weekly <input type="checkbox"/> monthly | Run: <input type="checkbox"/> weekly <input type="checkbox"/> monthly |
| Produced at: <input type="checkbox"/> CPA-TV <input type="checkbox"/> elsewhere | Produced at: <input type="checkbox"/> worship <input type="checkbox"/> elsewhere |
| Forms: <input type="checkbox"/> Talent Releases | Forms: <input type="checkbox"/> Talent Releases <input type="checkbox"/> Church Bulletin or Program |

DVD LABELING REQUIREMENTS: (please include the following information on every DVD submitted for broadcast)

- Name of Program (not the topic)
- Name of Producer
- Name of Organization (if any) no abbreviations
- Producer's telephone number
- Producer's email address
- Air dates: primary & secondary slots
- Total Run Time: Minutes and Seconds

All DVDs submitted to CPA-TV for broadcast are at the risk of the Producer. CPA-TV is not responsible for lost or damaged DVDs.

I have read and understand the Charlottesville Public Access Television Policies & Procedures Manual and agree to comply with all the rules and regulations contained, especially program content.

Legal Signature

Date