



130 Court Street  
Plymouth, MA 02360  
phone (508) 830-6999  
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### Channel Time Request Form/Producer's Indemnification Form

Note: This form must be completed each time you submit a new tape/DVD for this series or your program will not be cablecast.

Series: \_\_\_\_\_ New \_\_\_\_\_ Existing OR Special/Single Program: \_\_\_\_\_

Date: \_\_\_\_\_  
Producer's Name: \_\_\_\_\_ Sponsor's Name: \_\_\_\_\_  
Producer's Address: \_\_\_\_\_ Sponsor's Address: \_\_\_\_\_  
Producer's Phone #: \_\_\_\_\_ Sponsor's Phone #: \_\_\_\_\_

Program Name: \_\_\_\_\_ Episode #: \_\_\_\_\_  
Format (circle one) VHS SVHS DVD On Server  
Total Running Time: \_\_\_\_\_ Hours \_\_\_\_\_ Minutes \_\_\_\_\_ Seconds

Do you have a pre-determined time slot? (circle one) Yes No  
If yes, will this episode play in that time slot? (circle one) Yes No  
When will you be providing your next episode?  
*If you have answered no to either question, please speak with the Pgm. Coordinator to choose a timeslot.*

The SPINE of your tape or the face of your DVD must contain the following information or it will not be cablecast until the information is provided.

Title:	Production Date:
Episode #:	Cablecast Date(s):
TRT:	

\*\*\*Please note: Do not put labels on DVDs intended for playback on PACTV equipment, mark all DVDs with "Sharpie" markers.

Does this program contain materials which may be inappropriate for young viewers? \* \*  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, this program will cablecast after 10:00 pm and conclude by 5:00 am.

Notes to the Programming Coordinator:

For PACTV Staff Use Only:  
Program Code:  
Notes:

\_\_\_\_\_  
Producer/Sponsor's Signature Date

\* If you would like PACTV to cablecast a new series or a special (single program), please see the programming coordinator to discuss PACTV's cablecasting rules and available time slots!  
\* \* Optional

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