

Channel 21 Taping Request Form

Name: _____

Date: _____

Department/School/Company: _____

Phone Number: _____

Email Address: _____

Contact Person: _____

Program/Event Description: Briefly describe how you see the program and your objective in producing this program.

Intended Audience: Briefly describe the audience that will watch/benefit from this program.

Is this program intended to be run on Channel 21? If so, do you have a preference of when you would like to see this program aired?

Locations where taping will occur: _____

Do you have a calendar of specific dates/time when taping will occur: _____

When will you have a script or outline completed? _____

When would you realistically want this project to be completed? _____

If you are using an outside speaker, do you have permission to film them? _____

Any additional description/comments? _____

This form will be sent to the Advisory Committee that Community and Media Relations and Channel 21 use to help decipher which project are within our capabilities at the present time. The Committee will review the request and accept or decline the project. A representative from Community and Media Relations or Channel 21 will get back with you within 2 weeks or as soon as they are aware of the committee's decision.

Name: _____

Date: _____

Signature: _____