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 projects 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: ____________________________________________________________