



Tel: (956) 969-6505
Email: testevanes@wisd.us
Revised: 01-7-25

BROADCAST APPLICATION

EMAIL ONLY

TO TESTEVANES@WISD.US

Campus / Department _____ Principal _____

Contact Person _____ Telephone (Contact Person) ____ - ____ - ____

Date of Event _____ Time of Event _____ Location _____ Duration of Event _____

Will videographer need to report to various locations? Yes ____ No ____

This request is to provide videotape coverage for _____

Will there be a speaker/s? Yes ____ No ____

Do we have permission from the speaker/s to videotape their presentation Yes ____ No ____

Note: _____

IMPORTANT: IF THE TIME OR DATE OF EVENT CHANGES

Must submit your changes in writing by **EMAIL ONLY TO TESTEVANES@WISD.US** as soon as possible.

KWES reserves the right to edit materials videotaped/presented or written for time consumption purposes. Applications will be accepted on a first come first serve basis. Please provide us with a contact person and telephone number.

For office use only:

Is date available on KWES calendar?

Yes ____ No ____

Person taking request _____

Date (today) _____

Prg ____

Pkg ____

Time ____

Special Instructions _____