

South Hadley Cable Studio, 2002

CABLECAST REQUEST FORM
For South Hadley Produced Programs

Please fill out the following information and give this with the master tape to the Program Manager.

Program Title _____

Producer Name _____

Program Length* ____:____:____ Cue Time** ____:____

Date of Event _____ Date of Production _____

Brief Description of Program _____

Is there any sex language violence in this videotape that would help determine the time of day of cablecast?

Preferred date/time for cablecast, if any _____

I understand that I am responsible for the presentation of this program. I agree to hold harmless South Hadley Cable Studio, its directors and employees (and their successors) from any liability, loss, claim, cost or damage of any nature whatsoever which may arise by reason of any claim that any material cablecast infringes or violates and rights of any person or organization. My program is in keeping with the rules and regulations of the South Hadley Cable Studio.

Signature of Producer

Date

Signature of Parent or Guardian if Producer is under 18 years old

Date

*Length in: Hours:Minutes:Seconds from the first to last frame of program. Round number of frames to the nearest second.

**Length in: Minutes:Seconds from first frame of tape to the first frame of the program. Round number of frames to the nearest second.

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