



CABLECAST REQUEST FORM

Program or Series Title - Series **MUST** Indicate Episode #

I. Program Information

Cue Time is NOT Needed

One Show per DVD-R

Program Length Circle One 29min 59min Other _____
Must Be Approved By Cablecast

Please provide a brief description of you program suitable for publicity purposes
(20 words Maximum)

Does this program contain Adult Material? Yes or No

Note: Adult Material is only permissible after 11pm

II. Playback Request (For Stand Alone Programs Only)

Frequency of playback is determined by availability of time.

If the program is date sensitive please list a Start Date and End Date below:

Start Date: _____ End Date: _____

Please note that it can take up to three weeks from submission of this form before a stand alone program is scheduled for Cablecast

III. Producer Information (Please Read and Sign Below)

I have read and understand all legal and technical requirements located in the Policies and Procedures of Staten Island Community Television and I am fully aware of my responsibilities as the Volunteer and/or Sponsor of this program.

(Producer or Sponsor Signature)

(Print Name) (Date)

Address: _____ Staten Island, NY 103 _____

Phone # () _____ - _____ Email: _____

For Additional Technical Requirements Visit: www.SICTV.org