



STATEN ISLAND COMMUNITY TELEVISION
SPRING / SUMMER 2010 SERIES APPLICATION
CTV 100 CABLEWAY SUITE#2, STATEN ISLAND, NY 10303 (718) 727-1414 FAX (718) 981-5774
WEBSITE: WWW.SICTV.ORG

Applications not thoroughly filled out will be considered incomplete and will not be processed.
This form is a REQUEST for a series and does not guarantee a series slot.

I. Program Information:

Program Title: _____

Program Length: _____ 29min _____ 59min _____ Other (must be approved by Cablecast)

Program Description (for publication – 20 words or less)

I request a time slot for a series that is: _____ Weekly (26 Episode Commitment)
_____ Bi-Weekly (13 Episode commitment)
_____ Monthly (6 Episode Commitment)

*Tapes must be submitted on DVCPRO for playback

II. Personal Information (please print only)

First Name: _____ Last Name: _____

Residence Address: _____ Apt. _____
(proof of residence may be requested)

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

III. FACILITY REQUEST (Circle Applicable)
YOU MUST BE CERTIFIED TO USE AND RESERVE ALL CTV EQUIPMENT.

Monday Tuesday Wednesday Thursday Friday Saturday
10am-2pm 2pm-6pm 6pm-10pm 10am-6pm (Saturday Only)

(a) **STUDIO** Studio A Studio B LIVE – YES or NO (circle one)

(b) **EDITING** Tape to Tape _____ Final Cut Pro _____ iMovie _____

(c) **PORTABLE** GL1 _____ JVC _____
(You will be contacted to determine specific equipment for reservation)

(d) **Dub Rack**

IV. Playback Request

My two preferences for a time slot are:

*Adult content is only permissible after 11pm

1. Day _____ Time _____ AM PM Ch.34 Ch.35

2. Day _____ Time _____ AM PM Ch.34 Ch.35

CTV will try to schedule your program as close as possible to one of the above scheduling preferences.

***PLEASE NOTE PRIMARY CABLECAST OF LIVE PROGRAMMING WILL TAKE PRECEDENCE
OVER TAPED PROGRAMS**

Series Agreement: I agree to provide CTV with series programming for the Spring / Summer 2010 Season in a timely and consistent manner. The channel, equipment and facility allocations determined by CTV will be used solely for the production of the series described above. I further agree to comply with all of CTV's Policies and Procedures, technical standards and timetables. I understand that any series tapes left in the library of CTV will become property of CTV three months after the completion of the series schedule and may be discarded at their discretion. I understand that failure to comply with this agreement may lead to cancellation of my series.

BEFORE SUBMITTING AN APPLICATION FOR SERIES, PLEASE READ THROUGH THE CTV POLICIES AND PROCEDURES THOROUGHLY.

Signature Required

Date

This application will not be processed if:

- (a) you did not sign this request form below,
- (b) you did not fill this request form out completely,
- (c) your CTV ID is not valid and paid up to date (Photo ID and Address must be current)