

Piscataway Community Television (PCTV)

PROGRAM PROPOSAL

NAME _____ DATE _____

ORGANIZATION _____

ADDRESS _____

PHONE _____

The information requested in this proposal will enable PCTV to determine your production needs. Please fill in the below to the best of your ability. Return to: PCTV, 455 Hoes Lane, Piscataway, NJ 08854.
pctv15@optonline.net Fax - (732)878-2879

1. Title of Program: _____

2. Approximate length finished program: _____

3. Describe program format (i.e. talk show, coverage of event, documentary):

4. Describe the program content:

5. Please list any date(s) and times(s) taping needs to occur:

6. Describe the audience you would like to reach (i.e., children, senior citizens):

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7. List any sponsors or underwriters you will be acknowledging in your program:

8. Describe any special permits you will be required to get from public or private sources prior to recording or cablecasting this program:

THIS APPLICATION IS NON-TRANSFERABLE

Any recordings, video or sound, produced using PCTV equipment will automatically carry a royalty free license to PCTV so that it may use this material for rebroadcasting purposes. It is advised that the producer put the necessary copyright notices on all recordings. It is the responsibility of the producer to protect the legal rights of the copyright.

I certify that all the information submitted by me on this application is true and complete. I further understand that if I wish to change the format or content of this program I may be required to submit a new proposal for review.

Producer's Signature

Date

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Date received by PCTV

This proposal has been: Approved Denied

Authorized PCTV Signature

Date notification was sent