



TV8 Public Education Government Lake County Community Television

Cablecast Agreement & Request Form for Video Submission

Scheduling Information

Program Title: _____

Episode: _____

Description: _____

Does this program contain sensitive/adult subject matter? Y/N

If yes, then answer A & B below.

A-Do you consent to airing your program between the hours of 10pm & 2am? Y/N

B-Does your program include a slate warning of sensitive matter? Y/N

(Note: Your answers will be used to assist with scheduling. They *will not* prevent your program from airing)

Does this program contain a title page with the Lake County producer listed & how they can be contacted? Y/N

(Note: TV8 will not air a program without a title page. For imported programs presenter name & contact information will be kept on file at TV8.)

Category _____

- Community Service/Nonprofit
- Issue Oriented
- Religious/Spiritual
- Arts/Entertainment
- Sports/Recreation
- Education/Instruction

Format _____

- DVD
- Other Digital Media
- Live Broadcast

Local vs. Imported Program _____

- Lake County produced (Local)
- Out of county

Total length of program H ____ M ____ S ____

Program may be aired

(a) indefinitely (b) times (c) not after / /

(d) Other _____

(Note: If left blank the program may air again at the discretion of TV8.)

Preferred Time Slot

Day Sunday Monday Tuesday Wednesday Thursday Friday Saturday Time ____ am/pm

(Note: TV8 will take this preference into consideration for scheduling, but makes no guarantees of availability & actual air dates & times)

I understand my submitted video copy becomes the property of TV8 (City of Clearlake) and will not be returned to me.

Initial _____

