



NORTH SHORE TV

Your Community. Your Voice.

1111 Marcus Avenue, LL27
Lake Success, NY 11042
Tel: (516) 629-3710 Fax: (516) 629-3704
www.nstv.org

Cablecast Request Form

PRODUCER: _____ DATE: _____
(Person or Organization)

ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL: _____

**** Non-resident producers must have Channel Users Contract completed by an Incorporated Village resident.**

Please Circle One: SERIES / SINGLE PROGRAM SERIES/PROGRAM TITLE: _____

LENGTH _____:_____:_____ TAPE FORMAT: **DVD, Filed based .**

INTENDED AUDIENCE: _____

PROGRAM DESCRIPTION: _____

Non English programming must be accompanied by a translation.

Scheduling Preference

My preferences for a time slot are:

1. Day _____ Time _____ (AM-PM)

2. Day _____ Time _____ (AM-PM)

3. Day _____ Time _____ (AM-PM)

(NSTV will try to schedule your program as close as possible to one of the above preferences.)

Do you have written permission to use all material including music rights for cablecast? (Y/N)

Does this program require a disclaimer under NSTV's Program Policies for adult, violent, or medically graphic programming? (Y/N)

Have you obtained all necessary releases? (Y/N)

I understand any program submitted will be cablecast on Cablevision and Verizon Fios as well as streamed on the web. (Y/N)

I have been given and have read and signed the Statement of Compliance and the Rules and Procedures as required by NSTV. (Y/N)

I understand a **series** will be cablecast for one year, at which time the series will be renewed or discontinued.

I understand that a **single program** will be cablecast for **1 month**.

I understand that if my program's runtime exceeds the length of time allotted it will be trimmed.

Signature: _____

If you are under 18 years old, a parent or guardian is required to sign this agreement and the Statement of Compliance.

- This information may be used for Web and Bulletin Board information about the program.
- RETURN THIS FORM