

Woodbridge Government Access Television

WGATV

Programming Request Form

Applicant: _____

Organization: _____

Phone: (Day) _____ (Evening) _____

Name of Program: _____

Request to Record a Program	Request to Broadcast a Previously Recorded (Submitted) Program
Date & Time: _____	Format: ___ Super VHS ___ VHS
Location: _____	___ DVD
Check one: ___ Indoor ___ Outdoor	Length of Program (in minutes): _____
Check one: ___ Meeting ___ Ceremony	Description of Program: _____
___ Other (please specify)	_____
_____	Desired Broadcast Date(s):
_____	1 st Choice: _____
_____	2 nd Choice: _____
_____	3 rd Choice: _____

Request to Broadcast Announcement: ___ banner ___ calendar (*check one*)

I understand the WGATV Policies and Procedures and agree that any programming I request to be recorded or submit for broadcast conforms to these policies and procedures. I also understand that this application must be submitted to the WGATV Coordinator at least 15 days prior to the requested recording or broadcast date and that all programming requests are subject to approval by the Government Access Television Commission (GATCom).

Applicant's Signature: _____ Date: _____

WGATV Coordinator's Approval: _____ Date: _____

THIS FORM MUST BE RETURNED TO THE FIRST SELECTMAN'S OFFICE