

C. NCTV Member Program Proposal

Name: _____ Date: __/__/__
 Phone # (H): _____ (W): _____
 Organization (if applicable): _____
 Program Title: _____

1. Will the program be: a) ___ a single program ___ submitted weekly ___ submitted monthly
 ___ other (explain) _____ b) ___ live ___ videotape only

2. Program format: ___ Talk Show ___ Lecture/Demo ___ Public Meeting ___ Sports ___ Music
 ___ Theatre ___ Edited Documentary ___ Political ___ Other (explain) _____

3. Describe program content: (topics, name/number of guests, etc.): _____

4. Location of the shoot: _____

5. Date(s) and time(s) of shoot: _____

6. What is the anticipated length of program: ___ Date for completion: __/__/__

7. Will program require editing? Yes No If yes, anticipated time needed to edit (each episode, if series): _____

8. Please list crew: _____

9. Please list equipment needs: _____

10. Will the program contain offensive language, nudity, sexually explicit, or excessively violent material? Yes No

As producer of the program named above, I accept full responsibility for program content. I have read, understand, and agree to abide by the NCTV, Inc. Policies and Regulations. I agree to indemnify and hold harmless Comcast, NCTV, Inc., its Board of Directors, employees, and members from any liability, legal fees, or expenses whatsoever incurred as a result of cablecasting, streaming and/or distributing this program by any means.

I agree to provide NCTV, Inc. Staff, if requested, prior to the dissemination of the program named above, with copies of any releases, licenses, or other permissions required to legally do so. I give NCTV, Inc. the right to duplicate this program, for distribution if requested to do so, without any copyright liability whatsoever. I also give NCTV, Inc. permission to use this program, or parts of, for promotional purposes.

Producer Signature: _____ Date: __/__/__

If producer is under 18, name of parent / guardian: _____

Parent / Guardian's Signature: _____

Staff Use: ___ Accepted ___ Rejected; Date: __/__/__ Staff Initials: _____ Reason(s): _____