



Burnsville Community Television Program Series Submission

SERIES TITLE _____ DATE _____

NUMBER OF PROGRAMS IN SERIES _____ FREQUENCY OF PROGRAMS _____

TOPIC OF SERIES _____ PROGRAM LENGTH _____

BCTV PRODUCTION YES _____ NO _____ OTHER _____

ADULT CONTENT (check all that apply)

LANGUAGE/PROFANITY _____ NUDITY _____ SEXUAL CONTENT _____

DEPICTS VIOLENCE _____ OTHER _____

IS THIS PROGRAM SUITABLE FOR VIEWING BY CHILDREN? YES _____ NO _____

NAME OF PROGRAM CREATOR (PLEASE PRINT) _____

PROGRAM CREATOR EMAIL ADDRESS _____

PROGRAM CREATOR PHONE NUMBER _____

SPONSOR INFORMATION

NAME (PLEASE PRINT) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____



I certify that I have read Burnsville Community Television's OPERATIONAL USE POLICIES, and I understand that I am responsible for the content of the program that I produced for playback on the access channel(s). I understand that if I am sponsoring a series of programs as a resident of Burnsville not made at Burnsville Community Television and/or not produced by me, that I assume the same responsibilities as a producer for the content of the program according to the OPERATIONAL USE POLICIES. I affirm that:

- No lottery information will be cablecast
- No obscene/indecent material or language shall be cablecast, nor programs that promote illegal acts.
- The program contains no advertising, soliciting for funds, or revenue generating activity.
- All clearances have been obtained from performers/talent, stations, sponsors, copyright holders, etc.
- If a live cablecast, I have taken reasonable measures to ensure compliance with this statement.

I assume full responsibility for any disputes arising from unauthorized use of copyrighted material. As producer or sponsor, I am solely responsible for the content of this program series.

SIGNATURE _____

BCTV STAFF INITIALS _____

DATE _____

