Harpswell Community TV

10 Community Drive, PO Box 99, Harpswell, ME 04079

REQUEST TO AIR SERIES

Program Title_____

Length of Program _____ Format (circle): S-VHS VHS DVD

Is this program part of a series? Yes No If yes, how many episodes? _____

Brief description of the program/series_____

_____

_____

Preferred Date & Time for Cablecast (no guarantees) _____

Does this program contain any of the following? (circle all that apply)
Obscene Language Commercial Advertisements Libelous or Slanderous Material
Graphic medical procedures Lottery Information

Name of Producer _____

Producer's phone number _____

Three Sponsors (must be Harpswell residents):

Sponsor's Name & Address_____

_____
Signature of Sponsor Phone # date

Sponsor's Name & Address_____

_____
Signature of Sponsor Phone # date

Sponsor's Name & Address_____

_____
Signature of Sponsor Phone # date