



12254 Ensign Avenue North, Champlin MN 55316

Office: 763-427-1411 / Fax: 763-712-8410

Cablecast Submission Form

Date: _____

Title of Program: _____

Date of Origin: _____

Producer: _____

Address: _____

Telephone Number: _____

Organization/Affiliation: _____

Address: _____

Program Duration: _____

Brief Description of Program: _____

You must submit a form for each program, other than a series.

Comments/Special Instructions to Cablecaster: _____

Please pick up tape within seven (7) days of final cablecast.