



12254 Ensign Avenue North, Champlin MN 55316

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

New User Registration, QCTV-15

Name: _____ Today's Date __/__/__

Address: _____ Apt #: _____

City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____

Program Name (Working Title): _____

Program Outline/Idea: _____

Training Requirements: [please circle area(s) of interest]

Studio Production

Linear Editing

Field Production

Please indicate best day(s) and time(s) for training sessions:

I have read and understand QCTV-15 responsibility form and Quad Cities Community Television's operating guidelines. I certify that the program submitted has no obscenity nor any commercial material. I assume full and complete responsibility for the program(s) content. I further understand that I assume full responsibility for any disputes arising from my unauthorized use of any copyrighted material. I agree to hold Quad Cities Community Television (QCTV-15) and any of its employees, officers, Board of Directors, ect., harmless from any and all liability or injury arising out of my use of the public access/community channel, for any damages arising out of such use, including copyright infringement. I understand the Quad Cities Community Television (QCTV-15) is not responsible for damage to tapes while they are cablecast.

Producer/Representative

Signature: _____ Date _____

Scheduled cablecast date(s) and time(s) _____
