



12254 Ensign Avenue North, Champlin, MN 55316z
phone: (763) 427-1411 / fax: (763) 712-8410

Cablecast Submission Form:

1. Date: _____
2. Title of Program: _____
3. Date of Origin: _____
4. Producer: _____
5. Address: _____
6. Telephone Number: _____
7. Organization/Affiliation: _____
8. Address: _____
9. Program Duration: _____
10. Brief Description of Program:

11. You must submit a form for each program, other than a series.
12. Comments / Special Instructions to Cablecaster:

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

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, etc., 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)
