



Community. Art. Culture.

NCTV PROGRAM PROPOSAL

Please print unless otherwise indicated. If needed, you may write on the back.

Producer Name:				Tel: ()		Date:	
Is This a Series?	No	Yes	Weekly	Monthl y	Other:		
Working Title:							
Estimated Length:		28:30	58:30	Other:			
Studio Shoot	No	Yes	Field Production	No	Yes	Out Of State?	
Program Description:							
Estimated Completion Date: / /							
Intended Audience:							
Crew List:							
Producer				Director			
Editor				Graphics			

Camera1	Camera2	Camera3
Floor Manager	Production Assistant	
Talent		

Is This Program Funded by a Source Other Than You?

List All Sources and Amounts:

NCTV resources are to be used for making programs for Northampton Community Television. Are you producing this for any additional use?

If so, explain:

I understand that I am responsible for the production and presentation of my program(s). I agree to hold NCTV, its employees and directors harmless from any liability, loss, claim, cost, or damage of any nature which may arise by reason of any claim that any material produced, cablecast, or disseminated by me infringes or violates any rights of any person or organization. My program(s) are in keeping with the rules and regulations of NCTV and will not be used for commercial purposes.

Signature of Producer (If Under 18, Signature of Parent or Guardian):

Date:

Approved By:

Date:

Approval Must Come from an Employee of NCTV.

PRODUCTION ID#