



_____ Producer Name	_____ Group/Organization (if applicable)
_____ Telephone	_____ Mentor
_____ Project/Series Title	
<input type="checkbox"/> Single Show <input type="checkbox"/> Series (Complete "Series Request & Agreement")	
Starting Date: ___/___/___ Ending Date ___/___/___ Planned Length _____	

Describe the program _____

Production location(s) _____

Equipment/Facilities needed:		
Studio:	<input type="checkbox"/> Studio A	<input type="checkbox"/> Studio B (Live Link)
		<input type="checkbox"/> Classroom
Field:	<input type="checkbox"/> Basic SVHS	
Edit:	<input type="checkbox"/> Linear Edit	<input type="checkbox"/> Non-Linear Edit

I have read and understand Nevada County Television's Policies and Procedures and acknowledge that all programs produced with NCTV's equipment and/or facilities must be shown first on an NCTV access channel.

Producer Signature: _____ Date ___/___/___

Organization Rep. Signature _____ Date ___/___/___

Staff Use Only	
Facil Project ID # _____	
NCTV Staff Signature _____	Date ___/___/___