



Miami Valley Communications Council

Technology for local governments

1195 E. Alex Bell Road / Centerville, Ohio 45459 / phone (937) 438-8887 fax (937) 438-8569 www.mvcc.net

PROGRAM PROPOSAL

Today's Date: _____

Producers Name: _____ Card #: _____

Phone: (H) _____ (W) _____

Address: _____

City: _____ State: _____ Zip: _____

Production Title: _____

Production Description: _____

Length: (approx.) _____ *Single/ Series (circle one)*

Location of taping: MVCC Studios ___ Other: _____

School Production: Yes/No Name of School: _____

Estimated date of completion: _____

Equipment, Dates & Time Needed: See reverse side

It is the producer(s) responsibility to ensure all copyright clearance, talent and facilities releases are obtained before program will be cablecast.

I am thoroughly familiar with the contents of the program to be taped, and state:

- A. No advertising, obscene, indecent material, lottery or lottery information will be cablecast.
- B. I am neither making money with, nor charging for the use of this program.
- C. This program is solely for cablecast on our channel & not to be used for commercial purposes.

I further understand that I assume full responsibility for any disputes arising from my unauthorized use of copyrighted material.

Resident/Non-Resident (circle one)

Signature: _____

For Office Use

Date received: _____ Date approved: _____ Approved by: _____