

SERIES TIMESLOT APPLICATION for Northwest Community Television

APPLICANT INFORMATION (please print legibly)

Applicant name _____
NAME MUST REMAIN THE SAME ON ALL RELEASE FORMS

Address, City, Zip _____

Phone(s) _____

Email address _____

PROGRAM INFORMATION (check only one option per category)

Program title _____
AS YOU WANT IT TO APPEAR ON CHANNEL — Title must remain the same on all release forms

Program length 30 minutes 60 minutes

Program presentation Recorded Live

Submission cycle Weekly Twice monthly Monthly

Digital file type MP2 (SD) MP4 (HD)

SERIES TIMESLOT REQUEST

1st choice Day: _____ Time: _____ Channel: 859 HD 20 SD

2nd choice Day: _____ Time: _____ Channel: 859 HD 20 SD

3rd choice Day: _____ Time: _____ Channel: 859 HD 20 SD

4th choice Day: _____ Time: _____ Channel: 859 HD 20 SD

*TIME (Please list the **FIRST PLAY** in your choices above; the two replays are listed in regular type after the bold first play)

4:00PM	12:00AM	8:00AM	6:00PM	2:00AM	10:00AM	8:00PM	4:00AM	12:00PM	10:00PM	6:00AM	2:00PM
4:30PM	12:30AM	8:30AM	6:30PM	2:30AM	10:30AM	8:30PM	4:30AM	12:30PM	10:30PM	6:30AM	2:30PM
5:00PM	1:00AM	9:00AM	7:00PM	3:00AM	11:00AM	9:00PM	5:00AM	1:00PM	11:00PM	7:00AM	3:00PM
5:30PM	1:30AM	9:30AM	7:30PM	3:30AM	11:30AM	9:30PM	5:30AM	1:30PM	11:30PM	7:30AM	3:30PM

Yes! Please use my program as filler on both channels.

One application per producer. Series timeslot applicant must be an NWCT member. Applicant must provide legal name and address of residence (no PO Box numbers accepted). Series timeslots are assigned based upon choice preferences and timeslot availability. NWCT reserves the right to change your series timeslot—you will be notified if this occurs.

If you submit programs weekly and do not submit any new programs for a month, you will lose your series timeslot. If you submit programs monthly and do not submit a new program for two months, you will lose your series timeslot. You will not be able to reapply for a series timeslot for six months.

Submit programs as files to a studio manager at least two days before it plays—if not, the last program you submitted will be played.

Every program submitted must be accompanied by a completed NWCT Release Form.

I have read and understand the responsibilities and obligations herein.

Signature: _____ Date: _____

----- STAFF USE ONLY ----- STAFF USE ONLY ----- STAFF USE ONLY -----

SERIES TIMESLOT ASSIGNMENT

Day: _____ Time: _____ Channel: _____ NWCT staff: _____

WHITE COPY: PLAYBACK OPERATOR

YELLOW COPY: NWCT MEMBER