Athens Community Television
A.C.T.

PUBLIC ACCESS PLAYBACK REQUEST FORM

Producer / Non-Profit Organization_____
(Producer/organization listed must be a member of ACT)

Home Phone _____ **Office Phone** _____

Series Title (if applicable)_____

Program Title _____

Program Description _____
_____

TAPE ID# _____ **Program Length** _____:_____ **Leader Length** _____:_____
Min Sec Min Sec

Block Program Category (circle ONE) Community Information Music/Arts Education 5+ Yrs.old

Religious Education 0-5 Yrs. Old Special Interest Other_____

REQUEST PLAYBACK TIMES

1) CIRCLE DAY OF THE WEEK **2) FILL IN TIME, CIRCLE AM/PM**

1st Choice Mon Tues Wed Thurs Fri Sat Sun Time _____:_____ am pm

2nd Choice Mon Tues Wed Thurs Fri Sat Sun Time _____:_____ am pm

3rd Choice Mon Tues Wed Thurs Fri Sat Sun Time _____:_____ am pm

Only **ONE** playback a week in primetime.
PRODUCERS MAY HAVE ONLY ONE PROGRAM IN A PLAYBACK CYCLE AT A TIME.

Check here ____if requesting a replay of a tape that has already aired

Check here _____ if program contains "Potentially Offensive Programming"

Do we have permission to recycle the tape immediately?
Yes_____No_____

Is this your first program? _____ (Y/N) SEE OTHER SIDE FOR TECHNICAL STANDARDS AND PROCEDURES

Signature _____

STAFF USE ONLY
Staff Received _____ Date _____/_____/_____ Time _____:_____ am pm
Project completed in Facility (initial) _____ Date _____/_____/_____ **PROJECT #** _____
Staff Cueing _____ Date _____/_____/_____ Staff Scheduled _____ Date _____/_____/_____
Comments _____ **EPISODE #** _____
Cue _____:_____:_____ Length _____:_____ End _____:_____:_____ **PROGRAM #** _____