



NEW PROGRAMMING REQUEST

Local Applicant's (Person's) name: _____

Street Address (No PO Box): _____

Organization's Name (If applicable): _____

Organization's Address: _____

Is the applicant a principal or officer of the Organization? YES NO

Are you a resident of San Diego? YES NO

Note: If not you must have a residing resident to air on our cablecast.

Phone: _____ Pager: _____

E-mail: _____

Show Name: _____ Exact Length: _____

Show Category:

Target Audience:

- Religious
- Political
- Entertainment
- Other _____
-

- Age Group: _____
- Culture: _____
- Other: _____

Copyright clearance available for broadcast stations, networks, music, etc. Please provide copies.

I, the producer, affirm that each program listed will contain nothing obscene, indecent, is void of promotions of commercial products or services and will comply with the rules below.

Signature

Date