

Torrance Community Television
PROGRAM PROPOSAL - FORM

(Program proposal form must be submitted prior to equipment/facility reservation)



Date/Time Stamp

Organization (if applicable): _____ Date: ___/___/___

TCTV Producer: _____ Email: _____

TCTV Co-Producer: _____ Email: _____

Producer Address _____ City _____ State _____ Zip Code _____

(_____) _____ (_____) _____ (_____) _____

Home Telephone _____ Work Telephone _____ Organization Telephone _____

Equipment:

- | | | |
|-----------------|---|-----------------------------------|
| Field: | <input type="checkbox"/> Public Access Foundation | <input type="checkbox"/> Personal |
| Post Equipment: | <input type="checkbox"/> Public Access Foundation | <input type="checkbox"/> Personal |
| Studio: | <input type="checkbox"/> Public Access Foundation | |

Program Title: _____

Description of Program: _____

Intended Audience/Purpose of program: _____

Location of Recording: _____

Start Date: ___/___/___

Completion Date: ___/___/___

Signature of Producer

___/___/___
Date

OFFICE USE ONLY

Comments: _____

Reviewed by: _____