



Newington Community Television

131 Cedar Street

Newington, CT 06111

Voice: 860-667-5814 • Fax: 860-667-5819

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Application to Use the Studio for a Live or Taped Production

Name of Applicant: _____

Name of Organization (if any): _____ Title: _____

Address: _____

City _____ State _____ Zip _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Title of Program: _____

Producer: _____

Address: _____

City _____ State _____ Zip _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Program Length: _____ Select: Live Taped Format: _____

Requested Program Schedule (Only Live):

Check One: Daily Weekly Monthly Other _____

Preferred time slot (Only Live): 1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Detail program content & format: _____

State the names of people who are expected to appear on the program:

List any sponsor or person who has directly or indirectly paid for or promised to pay for any aspect of the production:

Studio Use Requested: (Date(s)) _____ Time(s) _____

Any production or telecasting privileges granted hereunder shall expire thirteen (13) weeks from date of approval. The Applicant understands that the "Regulations and Warranties for Public Access Usage" notice, already signed applies to this Application, as does the Cox Communications Public Access Handbook. The Applicant will be notified of approval or denial.

Applicant Signature: _____ Date: _____

Please submit this form, along with NCTV Form 114, to the mailbox of the Second Vice President for approval of studio use. If this is a live show, approval must also be granted by the First Vice President.