



SERIES PROGRAMMING PLAYBACK REQUEST FORM

(Please type or print clearly)

NAME OF PRODUCER: _____ PHONE: _____

NAME OF PROVIDER: _____ PHONE: _____

If producer is not a Saratoga resident or member of a 501(c)(3) nonprofit - provider must be a Saratoga resident)

ORGANIZATION: _____
(If producer is representing a 501(c)(3) nonprofit)

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

PROGRAM INFORMATION

SERIES TITLE: _____

DESCRIPTION OF SERIES: _____

LENGTH OF PROGRAM: _____

NUMBER OF PROGRAMS IN SERIES: _____

CABLECAST DAY: _____ CABLECAST TIME /FROM : _____ TO : _____

DATE OF FIRST CABLECAST: _____

SERIES PRODUCED LOCALLY? _____ W/KSAR15 FACILITY/EQUIPMENT? _____

It is understood that each installment of the above series will be delivered to KSAR15 no later than 24 hours prior to its scheduled cablecast date (or a back-up tape must be on file). If a series producer fails to provide any installment of a series, the series may be canceled and the producer will not be granted a series time in the future without permission of the access coordinator.

This series contract will be examined for potential renewal or extension after cablecast of the 13th installment in the series with regard to:

- A. The ability of the producer to deliver the programs in a regular, timely and consistent fashion.
- b. The expressed desire of the producer to continue the series.
- c. Requests for channel space by other producers.

I have read, am thoroughly familiar with, and agree to comply with KSAR15 rules and procedures regarding the cablecast of this series. I have signed the required producers compliance form.

Producer / provider signature: _____ date: _____

Staff use only

Playback request received by: _____ date: _____