

## **Sponsorship**

Producer								
Name				Date subm	Date submitted			
Address			City	State	Zip			
Organization If applicable.				Phone (da	Phone (day)			
E-mail				Phone (ev	Phone (evening)			
		Pro	ogram					
Title	e Geries Geries Single submission			Running ti	Running time			
					Date recorded			
Description Bloomington sponsor (organization or individual) Sponsorship is required for programming created by non-Bloomington residents. To air your program on BCAT Channel 16, please list a sponsor who:								
☐ is a resident of Bloomington ☐ works in Bloomington ☐ is a member of a Bloomington based organization ☐ attends a Bloomington school.								
Sponsor name	Sponsor name				Phone (day)			
Address			City	State	Zip			
E-mail	E-mail				BCAT Member?  Yes  No			
Sponsor's signature				Date				