

Series Timeslot Application

General

*Timeslots are given on a first-come, first-serve, nondiscriminatory basis and are subject to renewals, cancellations, and other adjustments at the discretion of BCAT staff. This application must be turned in with a minimum of four completed series programs. To retain series timeslot, new programs must be submitted on a regular basis. Please submit this form and the first four programs to BCAT. This form must be completed entirely and legibly – **please print or type.***

Producer

Name		Date submitted	
Address	City	State	Zip
Organization <i>If applicable.</i>		Phone (home)	
E-mail		Phone (mobile)	
Sponsor <i>If applicable.</i>		Phone (sponsor)	

Program

Series title	Approximate run time		
Submission rate	<input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Other _____
Type <i>Check one.</i>	<input type="checkbox"/> Arts/entertainment	<input type="checkbox"/> Faith based	<input type="checkbox"/> Health/Wellness
	<input type="checkbox"/> Information/education	<input type="checkbox"/> Multicultural	<input type="checkbox"/> Political/Legislative
	<input type="checkbox"/> Public interest/community	<input type="checkbox"/> PSA	<input type="checkbox"/> Senior <input type="checkbox"/> Sports
Series run	<input type="checkbox"/> Long term	<input type="checkbox"/> Seasonal only – end date _____	
Description _____			

Production

Where was the program produced?	<input type="checkbox"/> BCAT	<input type="checkbox"/> Another access studio _____
	<input type="checkbox"/> Independent	<input type="checkbox"/> Other _____
Did you have a prior timeslot with BCAT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Day(s) _____	Time(s) _____
Is this mature material?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
NOTE Mature material, language, content, etc., require a disclaimer at the beginning. Your program will not be cablecast without this disclaimer.		

Timeslot Selection

Select two preferred Timeslots. BCAT staff will review and inform you if one of your desired timeslots is available.

Timeslot 1 - Day: _____ Time: _____ Timeslot 2 - Day: _____ Time: _____

Staff use only – Do not write below this line

Awarded Timeslot _____	Staff Initials _____	Date _____
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