



PROGRAM INFORMATION FORM

Program Title: _____

Producer/Sponsor's Name: _____

Producer/Sponsor's Address: _____

Producer's Phone Number: Home- _____ Work- _____
Email- _____ Other- _____

Is Producer a Minor? Yes ? No ? If yes, minor's DOB _____
Parent/Guardian's Name: _____

Is program produced by someone else? Yes ? No ?
If yes, please provide production information -

Producer: _____

Producer's Address: _____

Producer's Phone Number: _____

Program Length: ? 30min ? 60min ? Other
One Time Show ? Series ?
Series Frequency ? Weekly ? Biweekly ? Monthly

Program Content

Description: _____

Adult Content ? (Shows with Adult Content play between 11:00pm and 5:00am)

Preferred Method of Contact - Phone ? Mail ? Email ?

VCAM requires that producer's provide contact information in order that interested parties may contact the producer/sponsor.

Producer/Sponsor's Signature

Date

VCAM Staff Person

Date

If the Producer is under 18 years of age:

"I have read, understand, and will take responsibility for the above Producer's compliance with all rules, procedures and this Statement of Compliance."

Parent or Guardian's Signature

Date