



Vermont Community Access Media

PROGRAM INFORMATION FORM

Program Title: _____

Producer/Sponsor's Name: _____

Producer's Contact info*

Producer: _____ Address: _____
Phone: _____ Email: _____

- Is the program produced by someone else? Yes/No If yes, please provide the contact info above.
- Is Producer a Minor? Yes/No. If yes, what is the minor's date of birth: _____
- Parent/Guardian's Name: _____
- Preferred Method of Contact (circle one or more): Phone Mail Email

Sponsor's Contact info*

Producer: _____ Address: _____
Phone: _____ Email: _____

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

Program Information:

- Time: 30 minutes, 60 minutes, Other _____
- One Time Show or Series?
- Series Frequency: Weekly Biweekly Monthly
- Adult Content? Yes/No [Adult content plays between 11 p.m. and 5 a.m.]

Program Content Description:

Producer/Sponsor's/Parent/Guardian* Signature & Date:

VCAM Staff Signature & Date:

**If the Producer is under 18 years old a parent or guardian must agree: "I have read, understand, and will take responsibility for the above Producer's compliance with all rules, procedures, and this Statement of Compliance."*