



**PROGRAM INFORMATION FORM**

Program Title: \_\_\_\_\_

Producer/Sponsor Name: \_\_\_\_\_

Producer/Sponsor Address: \_\_\_\_\_

Producer/Sponsor Contact Info: \_\_\_\_\_ Email: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work/Other: \_\_\_\_\_

Preferred method of contact:  
VCAM requires that you provide contact information in order that interested parties may contact the producer or sponsor.

Is the producer a minor? \_\_\_\_\_ If yes, producer's D.O.B. \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Is the program produced by someone else? \_\_\_\_\_ If yes, please provide producer information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Program Length: \_\_\_\_\_

Is this a one time show, or a series? \_\_\_\_\_ If series, what is your intended frequency? \_\_\_\_\_

Program Content Description: \_\_\_\_\_

**Is there adult content?** (For information on what constitutes adult content, refer to our Policies and Procedures document [HERE](#). Shows with adult content will play between 11pm and 5am.)

Producer/Sponsor Signature: \_\_\_\_\_ 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: \_\_\_\_\_

VCAM Staff Person: \_\_\_\_\_ Date: \_\_\_\_\_