



**Nā Leo TV**  
Community Access Television

**Staff:** First-time Presenters  
need Cablecast Agreement  
and Proof of HI Residency

### Playback Request Form for Hawai'i Island Presenters

- 1. SUBMISSION DATE: \_\_\_\_\_
- 2. PROGRAM TITLE: \_\_\_\_\_
- 3. EPISODE TITLE: \_\_\_\_\_
- 4. PROGRAM/EPISODE DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. SEARCH KEYWORDS: \_\_\_\_\_

6. LENGTH: \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_  
                  HR        MIN    SEC

7. PROGRAM SUBJECT: (check ONE)
- |                       |                    |                            |                       |
|-----------------------|--------------------|----------------------------|-----------------------|
| __ Arts/Entertainment | __ Cultural/Ethnic | __ Health/Well Being       | __ Religious          |
| __ Community Event    | __ Educational     | __ Inspirational/Spiritual | __ Science/Technology |
| __ Community Info     | __ Food            | __ Issue Oriented          | __ Sports             |
|                       |                    |                            | __ Other              |

8. **DOES THIS PROGRAM CONTAIN MATURE CONTENT:**     Yes     No  
(Contains graphic violence, sexual content, or profanity. Programs with mature content will be scheduled after midnight.)

9. TIME SENSITIVE: (Program must be aired within a specific time frame to be relevant. Program will stop airing after that date.)  
 No     Yes (If yes, give date program should start and stop airing.) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

10. DOES THIS PROGRAM INCLUDE CONTACT INFORMATION:     YES     NO

- Name and/or the name of the responsible organization
- Address and/or telephone number
- E-mail address may be included, but does not substitute for any of the above

11. AFTER MY PROGRAM AIRS, I WISH TO:     Pick-up my DVD(s)     Donate my DVD(s) to NLTV's Recycling Program

Name of Presenter: (Print) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Representing Organization Name: \_\_\_\_\_

Copyright Holder: (Print) \_\_\_\_\_

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