

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



Nā Leo TV
Community Access Television

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) _____

If you are NOT the Copyright Holder, attach a permission letter with a signature and contact information. Please inform Client Services when your contact information has changed. Visit <http://naleo.tv/documents> for information on file submission requirements & to review a copy of the Public Access Policies & Procedures.