



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. KEYWORDS (FOR INTERNAL USE): _____

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

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, ETC.?: YES NO
• For Required end-of-program disclosures, please obtain a copy of our technical requirements on our website or contact Client Services.

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.