



ATKINSON COMMUNITY TELEVISION  
CABLE CHANNEL 20

## **Scheduling Request Application**

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

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

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Name of Program: \_\_\_\_\_

Description: \_\_\_\_\_

Total Run Time: \_\_\_\_\_

Has permission to have his/her program cablecast over ACTV-20. Every effort will be made to have this program cablecast at the time(s) and date(s) listed below, however, this application does not serve as a guarantee of cablecast for the specified time and/or date listed. Unforeseen circumstances may cause the time and date to be changed. You will be notified as soon as possible if for any reason the time and date of your program cablecast is changed.

The above permission is contingent on the submission of all completed releases and agreements as specified in the ACTV-20 Policies and Guidelines.

Playback is scheduled for:

Day

Time

Day	Time
_____	_____
_____	_____
_____	_____

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_