



THE
PEOPLES
CHANNEL

SERIES CABLECAST FORM

NAME

DATE

ADDRESS

CITY, STATE, ZIP CODE

HOME TELEPHONE

MOBILE

EMAIL

SERIES TITLE

SERIES DESCRIPTION

PROGRAM DURATION ☐ 28:30 ☐ 58:30

PROGRAM START TIME ____:____ ☐ AM ☐ PM

PROGRAM DAY ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ SAT ☐ SUN

PLEASE NOTE: TO MAINTAIN YOUR TIME SLOT, YOU MUST SUBMIT A MINIMUM OF ONE SHOW EVERY TWO MONTHS. FAILURE TO SUBMIT PROGRAMMING ON A REGULAR BASIS COULD RESULT IN THE FORFEITURE OF YOUR TIME SLOT.

WHERE WOULD YOU LIKE TO PICK UP YOUR DVD AFTER YOUR PROGRAM HAS AIRED? ☐ DURHAM ☐ CHAPEL HILL ☐ N/A

DOES YOUR PROGRAM CONTAIN INDECENT MATERIAL OR PROFANITY? ☐ YES ☐ NO

DOES YOUR PROGRAM CONSIST PRIMARILY OF *LOCAL* CONTENT? ☐ YES ☐ NO

HOW WOULD YOU CLASSIFY YOUR PROGRAM'S SUBJECT MATTER?

☐ EDUCATIONAL ☐ ENTERTAINMENT ☐ HEALTH/FITNESS ☐ INFORMATIONAL ☐ PUBLIC AFFAIRS ☐ SPIRITUAL ☐ PSA

I have made all appropriate arrangements with and have obtained all clearances from broadcast stations, networks, sponsors, music licensing organizations, performers (or their representatives), guests, and without limitation from the foregoing or any and all persons as may be necessary to transmit my program material over the facilities of The Peoples Channel. I hereby indemnify and hold The Peoples Channel, its officers and employees, harmless from and against any and all losses, claims, damages, liabilities or amounts paid in settlement of pending or threatened litigation which arises out of or are based upon the content of programming being furnished or produced by me, including, without limitation, an assertion of defamation, copyright infringement or other rights of privacy, and shall reimburse The Peoples Channel, directors, officers, and/or employees for any legal and/or other expenses incurred by them in connection with investigating any such claims or defending any such actions, and in connection with this indemnity, The Peoples Channel shall have the right to select a defense counsel of its choice.

I hereby declare that the above information is correct and agree to provide TPC proof of residency. I understand that if the given information is false, I may lose equipment and/or facility privileges from TPC. By signing below, I agree to adhere to all the policies and procedures set forth by The Peoples Channel.

SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE (IF SUBMITTER IS A MINOR)