



# WHITMAN HANSON COMMUNITY ACCESS

## Program Application Form

|                                  |  |                               |               |                           |                               |
|----------------------------------|--|-------------------------------|---------------|---------------------------|-------------------------------|
| <b>Producer Name:</b>            |  |                               |               |                           |                               |
| <b>Organization/Institution:</b> |  |                               |               |                           |                               |
| <b>Website:</b>                  |  |                               |               |                           |                               |
| <b>Street Address:</b>           |  |                               |               |                           |                               |
| <b>City:</b>                     |  | <b>State:</b>                 |               | <b>Zip:</b>               |                               |
| <b>Primary Phone #:</b>          |  | Home <input type="checkbox"/> |               | <b>Secondary Phone #:</b> | Home <input type="checkbox"/> |
|                                  |  | Cell <input type="checkbox"/> |               |                           | Cell <input type="checkbox"/> |
| <b>Email Address:</b>            |  |                               | <b>Fax #:</b> |                           |                               |
| <b>Signature:</b>                |  |                               |               | <b>Date:</b>              |                               |

|                             |  |
|-----------------------------|--|
| <b>Program Title:</b>       |  |
| <b>Program Description:</b> |  |
|                             |  |
|                             |  |
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|                             |  |
|                             |  |

|                           |  |
|---------------------------|--|
| <b>Program Objective:</b> |  |
|                           |  |
|                           |  |
|                           |  |
|                           |  |

**PROGRAM CATEGORY:** *Please select all that apply.*

- Documentary*       *Educational*       *Interview*       *Sports*       *Musical*
- Religious*       *Ethnic/Cultural*       *Government*       *Special Event*       *Other*

**PROGRAM FORMAT:** *Please select one or all that apply.*

- Studio Production*       *On location Production*       *Clip show*

**HOW FREQUENTLY WILL YOU NEED:**

- Studio usage**       *Weekly*       *Bi-weekly*       *Monthly*       *Quarterly*       *Other*
- Editing facilities**       *Weekly*       *Bi-weekly*       *Monthly*       *Quarterly*       *Other*
- Portable Equipment**       *Weekly*       *Bi-weekly*       *Monthly*       *Quarterly*       *Other*

**My program will contain the following copyright material from either public or private sources:  
*DESCRIBE IN DETAIL.***

| Type of Copyright Material | Source of Permits, Copyright Waiver or Releases to be provided before playback. |
|----------------------------|---|
| Audio / Music Video        |   |
| Artwork                    |   |
| Photographs                |   |
| Published Materials        |   |

**Please list the members of your production crew below:**

| Position | Name | Phone Number | Email Address |
|----------|------|--------------|---------------|
|          |      |              |               |
|          |      |              |               |
|          |      |              |               |
|          |      |              |               |
|          |      |              |               |
|          |      |              |               |
|          |      |              |               |
|          |      |              |               |
|          |      |              |               |

I have read and signed the below listed documents and agree to abide by their terms:

- WHCA Policies & Procedures

**Signature of Producer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Planning Sheet****Page #***(Print as many copies of this page as you need to help plan out your production.)*

|                   |  |
|-------------------|--|
| <b>Segment #:</b> |  |
| <b>Location:</b>  |  |
| <b>Talent:</b>    |  |
| <b>Segment #:</b> |  |
| <b>Location:</b>  |  |
| <b>Talent:</b>    |  |
| <b>Segment #:</b> |  |
| <b>Location:</b>  |  |
| <b>Talent:</b>    |  |