

CHARLOTTE MECKLENBURG PUBLIC ACCESS CORP. PROGRAM INFORMATION SHEET

PRINT all information:

Producer's Name: _____

E-Mail Address: _____

Program Working Title: _____

Description of Program:

(What type/category of show makes the most sense as a general description?)

Purpose:

(What effect are you aiming at for your audience?)

Target Audience (Mark all that apply):

_____ Kids _____ Gender (M or F?)
_____ Adults (18-45) _____ Religious
_____ Adults (46-65) _____ Other (below):
_____ Seniors (over 65) _____

Frequency:

Weekly = once per week
Bi-Weekly = twice per month
Monthly = once per month
Special = single episode

Length:

I plan to use Access 21's:

_____ Studios
_____ Editing Suites

I am interested in having my show on during the _____ Programming Quarter.

By signing below, I agree to all conditions as specified in the Regulations & Procedures.

Signature of Producer

Date Signed

FOR OFFICE USE ONLY

Date Received: _____ E-Mailed: _____

Notes: _____