Producer

Name		Date submitted	
Address	City	State	Zip
Organization *If applicable.*		Phone (day)	
E-mail		Phone (evening)	

Program

Title ❑ Series ❑ Single submission	Running time
	Date recorded

Description_____

_____

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Bloomington sponsor (organization or individual)

Sponsorship is required for programming created by non-Bloomington residents.
To air your program on BCAT Channel 16, please list a sponsor who:

❑ is a resident of Bloomington ❑ works in Bloomington ❑ is a member of a Bloomington based organization
❑ attends a Bloomington school.

Sponsor name		Phone (day)	
Address	City	State	Zip
E-mail		BCAT Member? ❑ Yes ❑ No	

_____   _____
Sponsor's signature   *Date*

Community Services   Communications Division   PH   952-563-4980   www.ci.bloomington.mn.us
1800 W. Old Shakopee Road   FAX   952-563-8750   web 26_004 pg1 of 1 (02/11)
Bloomington MN 55431-3027   TTY   952-563-8740