

**General**

*Timeslots are given on a first-come, first-serve, nondiscriminatory basis and are subject to renewals, cancellations, and other adjustments at the discretion of BCAT staff. This application must be turned in with a minimum of four completed series programs. To retain series timeslot, new programs must be submitted on a regular basis. Please submit this form and the first four programs to BCAT. This form must be completed entirely and legibly – **please print or type.***

**Producer**

Name		Date submitted	
Address	City	State	Zip
Organization <i>If applicable.</i>		Phone (home)	
E-mail		Phone (mobile)	
Sponsor <i>If applicable.</i>		Phone (sponsor)	

**Program**

Series title	Approximate run time		
Submission rate	<input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Other _____
Type <i>Check one.</i>	<input type="checkbox"/> Arts/entertainment	<input type="checkbox"/> Faith based	<input type="checkbox"/> Health/Wellness
	<input type="checkbox"/> Information/education	<input type="checkbox"/> Multicultural	<input type="checkbox"/> Political/Legislative
	<input type="checkbox"/> Public interest/community	<input type="checkbox"/> PSA	<input type="checkbox"/> Senior <input type="checkbox"/> Sports
Series run	<input type="checkbox"/> Long term	<input type="checkbox"/> Seasonal only – end date _____	
Description _____			
_____			
_____			

**Production**

Where was the program produced?	<input type="checkbox"/> BCAT	<input type="checkbox"/> Another access studio _____
	<input type="checkbox"/> Independent	<input type="checkbox"/> Other _____
Did you have a prior timeslot with BCAT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Day(s) _____	Time(s) _____
Is this mature material?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>NOTE</b> Mature material, language, content, etc., require a disclaimer at the beginning. Your program will not be cablecast without this disclaimer.		

**Timeslot Selection**

**Select two preferred Timeslots. BCAT staff will review and inform you if one of your desired timeslots is available.**

Timeslot 1 - Day: \_\_\_\_\_ Time: \_\_\_\_\_ Timeslot 2 - Day: \_\_\_\_\_ Time: \_\_\_\_\_

**Staff use only – Do not write below this line**

Awarded Timeslot _____	Staff Initials _____	Date _____
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