

LCTV

PRODUCERS/SPONSOR INFORMATION

<i>Producer/Sponsor (Please print, sign and return with proof of address)</i>	
Program Title:	
<i>Program Description:</i>	
<i>Program Length:</i>	
<i>Circle One:</i>	<i>Special Weekly Series Biweekly Monthly</i>
Producer or Sponsor Print Full Name:	
<i>Organization: (if non-profit):</i>	
<i>Non-Profit Tax ID (501c3) #:</i>	
<i>Full Address: Street, Town & Zip:</i>	
<i>Email:</i>	
<i>Home Phone:</i>	
<i>Work Phone:</i>	
<i>Cell Phone/Other:</i>	
SIGNED <i>(if under 18, must be signed by a parent or legal guardian)</i>	Date:
Staff Use Only	
<i>Circle One to verify ... Access User's address verified by ID / Driver's License / Utility Bill / Other: _____</i>	
Approved by:	Date: