



2026 PROGRAM REQUEST FORM

Fill out completely, print and sign to agree to the FRCMedia policies and procedures. No program will air without a completed, signed form.

PROGRAM TITLE: _____

PRODUCER: _____

ADDRESS: _____

CITY, STATE: _____ ZIP: _____

PHONE: _____

E-MAIL: _____

WEBSITE: _____ FACEBOOK: _____

OTHER: _____

MAY WE SHARE YOUR CONTACT INFORMATION WITH THE PUBLIC? YES _____ NO _____

FREQUENCY: _____ LENGTH: _____

DESCRIPTION OF PROGRAM: _____

For producers who do not live in Fall River, please provide the following information on a local sponsor:

FALL RIVER CONTACT: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

PRODUCER AGREEMENT

As the producer and/or Fall River sponsor I, the undersigned, represent to Fall River Community Media (FRCMedia) that the program I am submitting meets the criteria for programming as defined in the FRCMedia policies and procedures which I have viewed and agree to follow. I accept full responsibility for the content of the program.

PRODUCER SIGNATURE: _____ DATE: _____

F.R. CONTACT SIGNATURE: _____ DATE: _____
(IF PRODUCER IS NOT A F.R. RESIDENT)

STAFF APPROVAL: _____ DATE: _____

STAFF ONLY

DAY: _____ TIME: _____

FIRST AIR DATE: _____