



STUDIO/PODCAST REQUEST

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

DATE: _____ TIME: _____ TV STUDIO: _____ PODCAST _____

SHOW TITLE: _____

PRODUCER'S NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

HOST'S NAME: _____

GUESTS' NAMES/AFFILIATION: _____

DESCRIPTION: _____

DATE OF AIRING: _____

COMMUNITY PRODUCER AGREEMENT

As the community producer I, the undersigned, represent to Fall River Community Media (FRCMedia) that my use of the studio meets the criteria defined in the FRCMedia policies and procedures which I have viewed and agree to follow.

SIGNATURE: _____ DATE _____

STAFF APPROVAL: _____ DATE _____