

UPTV CABLECAST REQUEST FORM

A.4

Is this a Series Cablecast? Yes: ___ No: ___ Series Name: _____

Program Title: _____ Length of Program: _____

Description of Program: _____

Check one: Local ___ Non-Local ___ Program Producer: _____

UPTV member submitting video: _____

Address: _____

Phone number: _____ Email: _____

Please check the following (all are required):

___ I have watched the video in its entirety (If not, please explain why on backside)

___ I acknowledge my responsibility for the content of the video

___ I have received copyright clearance for the video and submitted such documentation to UPTV

___ I have complied with all UPTV Rules and Regulations governing submission of locally produced or third party videos

Does this video include adult or indecent content (Policy Sect. No. 3.7)? ___ Yes ___ No

If "yes", please describe: _____

| Requested Air Date(s) | <u>Date</u> | <u>Time</u> |
|--------------------------|-------------|-------------|
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

UPTV Member Signature: _____ Date: _____

UPTV Staff Signature: _____ Date: _____