



Minneapolis Television Network

Channel Time Request Form: **SERIES**

Sponsor/Producer Information

First Name _____ Last Name _____ Member # _____

Residence Address (NO PO Boxes Please): _____ Apt/Suite# _____

City _____ State _____ Zip _____ Email _____

Contact Phone _____ Web _____

Should the above information be available to the public? YES NO

Are you eighteen (18) years of age or older? YES NO

Have you attended MTN's Orientation? YES NO

If you wish the public to contact you in another way, please indicate below:

Phone _____ Email _____

Series Information

Title _____

Produced by: ME Another Individual/Organization

Timeslot Length: Half Hour (28:30) One Hour (58:30)

Timeslot Request: (Circle)

Day: M T W Th F Sa Su Time: _____ am / pm

This program is produced at: (circle)

Using My Equipment MTN Another Twin Cities Access Center Out of State Other

How should we notify you of your timeslot? (circle) EMAIL TELEPHONE USMAIL

Description/Narrative _____

Note: There is a three-show minimum to initiate a series. Shows that exceed the total length of their time slot will be cut at MTN's discretion. DVDS without a case will not be accepted.

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Programs that may contain vulgar language, nudity, extreme physical violence, or other content inappropriate for family viewing will be preceded by a message advising viewer discretion and will be scheduled between the hours of 10:00 p.m. and midnight. Does this program require a Viewer Discretion Message under MTN's Program Policies? YES NO

Unplayable Media

If a program has been deemed unplayable, the producer/sponsor of the program will be notified by email or with a phone call.

I certify that no advertising, lottery nor lottery information, nor obscene, nor slanderous nor libelous material nor other form of illegal speech is contained in this program. I request that this program be shown on Minneapolis Television Network channels. I authorize the subsequent replay of this program at the discretion of MTN. I have obtained all the appropriate clearances for authorization to transmit program material over the Public Access Channels. I accept full responsibility for the content of the program and the consequences of its every presentation. I am familiar with the MTN public access rules, I have read the rules, I understand the requirements contained within the rules and will comply with them. I understand that each episode may be played a maximum of four times. I understand this series may be cancelled without notification if I do not submit new episodes. I hereby indemnify and hold harmless MTN, the City of Minneapolis, Comcast Cable of Minneapolis, their officers, directors, employees, agents and representatives from any and all liability, damage, injury and judgments arising from or in connection with any claim, as set forth within the Handbook for Public Access.

SIGNATURE: _____ **DATE:** _____

Assigned Channels and Timeslots

For Internal Use Only

Channel: 16 17 75 **Day:** M T W TH F Sa Su **Time:** _____ am/pm

Start Date: _____