



## PROGRAM INFORMATION FORM

Program Title \_\_\_\_\_

Producer/Sponsor's Name \_\_\_\_\_

Producer/Sponsor's Address \_\_\_\_\_

Producer/Sponsor's Phone # home \_\_\_\_\_ work \_\_\_\_\_ mobile \_\_\_\_\_

Email \_\_\_\_\_

Is Producer/Sponsor a Minor?  Yes  No If yes, minor's DOB \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Is Program produced by someone else?  Yes  No

If yes, please provide production information –

Producer \_\_\_\_\_

Producer's Address \_\_\_\_\_

Producer's Phone # \_\_\_\_\_

Program Length  30min  60min  Other

One Time Show?  Series?

Series Frequency  Weekly  Biweekly  Monthly  Other

Program Content

Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Adult Content?  Yes  No

Preferred Method of Contact -  Phone  Mail  Email

Producer/Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

ORCA Staff \_\_\_\_\_ Date \_\_\_\_\_

If the Producer/Sponsor is a minor:

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_