



1950 Third Street  
La Verne, Calif. 91750  
(909) 392-2731  
(909) 392-2706 Fax  
E-Mail: LVTV@ULV.EDU  
<http://www.ulaverne.edu/~comms/lvtv/lvtv.htm>

## REQUEST FOR CHANNEL TIME

Tapes must have:      ¥ 60 seconds of TONE and COLOR BARS  
                                 ¥ 10 seconds of SLATE: producer s name, title of show, date & Total Running Time  
                                 ¥ 10 seconds of COUNTDOWN  
                                 ¥ Good Technical Quality

Producer s Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Producer s Representative: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Series Title: \_\_\_\_\_  
Program/Episode Title: \_\_\_\_\_  
Total Running Time:    q 28:30 q 58:30      Exact Length of Program \_\_\_\_\_  
Program Description: \_\_\_\_\_  
\_\_\_\_\_

Production Date: \_\_\_\_\_ Production Location: \_\_\_\_\_  
If series, how many shows? \_\_\_\_\_

I hereby attest that I am authorized to submit this program as described for cablecast on La Verne Community Television's public access channel. I certify that the above mentioned program contains no obscene or indecent material as defined by local, state, and federal codes, no advertising material; neither lottery nor lottery information; and no unauthorized copyrighted material. Furthermore, I assume complete responsibility for this program and its contents and agree to indemnify and hold harmless La Verne Community Television, its employees, and its agents, from any and all liability associated with the cablecast of this program including copyright, libel, slander, or any other potential liabilities. We are not responsible for transit tapes left over thirty days.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18, signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_