



1950 Third Street
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<http://www.ulaverne.edu/~comms/lvtv/lvtv.htm>

PROGRAM PROPOSAL

A Program Proposal for each program must be completed and accepted prior to all equipment and facilities bookings.

Producer (s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

If producer represents a group or an organization, please indicate organization.

Name of Organization: _____ Non-Profit 5013C: Yes No

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Program Title: _____

Program Format: Talk Variety Magazine Music Video Art Newscast
 Documentary Demonstration Game Show Event Videography
 Roll-in Comedy Dance Public Service Announcement Promo

Other (explain): _____

Program Length: 28:30 58:30 Other: _____

Facility Request (Check all that apply):

Not sure what equipment is needed

Production Studio Remote VHS Kit 1/2 Edit Bay Audio Sweetening

Program Description (Premise of Show). Please Be Specific. Attach sheet if necessary:

Producer's Signature: _____ Date: _____