



Import Program/Series Application

1400 Terra Bella Ave., Suite M, Mountain View CA 94043 650.968.1540 www.kmvt15.org info@kmvt15.org

Show Title: _____ Application Date: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Night Phone: _____

Email: _____

Producer Contact Info (if different from above) _____

1. Please give a brief description of the show: (use back of paper if necessary)

2. Audience: General Youth Seniors Gays/Lesbians Disabled Hispanic

Ethnic _____ Other _____

Language: English Spanish Chinese Japanese Farsi Other _____

3. Do you expect this program to be: Series One-time or unique program

4. Requested Playback Times: Day: _____ Time: _____

Please note that requested times can't be guaranteed. For exact playback times please contact KMVT.

5. Does this program or series contain adult material that is not suitable for minors? Yes No

If yes, KMVT will schedule the program after 10:00 pm and the program must contain an adult content disclaimer.

If no, I understand that if any one show in the series does contain adults content, I will notify station management and I understand that such program will be subject to the same adult content rules as above.

6. In what ways will this program be of interest to the community? (use back of paper if necessary)

