



**Community Television**

# 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: \_\_\_\_\_

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

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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)

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