



# MVTV IMPORTED PROGRAMMING REQUEST FORM

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 City \_\_\_\_\_ Organization Represented \_\_\_\_\_  
 State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ (If Applicable) \_\_\_\_\_  
 Notes \_\_\_\_\_

Title of program or series

Length of Program Minutes  Seconds

Please List where and when this program or series was produced

Describe the Program's Specific Content

What Audience was this Program Designed to reach?

This form will be reviewed along with the program tape to determine if it is acceptable for airing under the standards Of this channel (copies of rules and standards are available upon request or at [www.midvalleytv.com](http://www.midvalleytv.com)). If accepted for airing, a mutually agreed upon date and time for transmission will be scheduled in accordance with MVTV priorities and regulations. You must also submit a signed MVTV Liability and Indemnification Agreement.

The information Supplied above is correct according to my Knowledge and I authorize the use of my name as the sponsor to be cablecast adjacent to the program.

Signature of Producer or Sponsor  Print Name  Date