

## TOWN OF WOODSTOCK, NY



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## *Colony of the Arts*

WOODSTOCK PUBLIC ACCESS TELEVISION  
APPLICATION FOR PROGRAMMING TIME

NAME OF APPLICANT: \_\_\_\_\_

LEGAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE : \_\_\_\_\_ BUSINESS PHONE : \_\_\_\_\_

Applicant is requesting programming time for the following:

1. Name of program as it is to appear in Woodstock Public Access Channel program listing: \_\_\_\_\_
2. \_\_\_\_\_  
Brief description of content and intended audience.  
Woodstock Public Access exercises no control over content or intended audience. \_\_\_\_\_  
\_\_\_\_\_
3. Day of week preferred: \_\_\_\_\_ Please list alternates: \_\_\_\_\_  
\_\_\_\_\_
4. Time slot preferred:  
30 minutes From: \_\_\_\_\_ To: \_\_\_\_\_  
1 hour From: \_\_\_\_\_ To: \_\_\_\_\_ Circle AM or PM
5. List alternate acceptable time slots:

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Applicant's Signature

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Date of Application