



**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: _____

Applicant's Signature

Date of Application