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