



**PLAYBACK REQUEST FORM**

**PROJECT INFORMATION** Please submit video in this File Format Type: MPEG 2 or MPEG 4; Audio 48000 HZ; Resolution: Frame Width 1920x1080 or 480x720; Frame Rate 29.97

Producer Name	Production / Project Title
Phone #:	Title to Appear on Program Guide (Not to exceed 31 characters)
Address:	Email:

Did you produce this program? (If NO please include producer name with the Project Title)  YES  NO

If you are not the Producer do you have Rights to play this program on VCAT?  NA  YES  NO

Was this project produced using VCAT equipment, facilities or services?  YES  NO

Does this project have an underwriter or sponsor? (If Yes, please list sponsors and underwriters)  YES  NO

**PROGRAM INFORMATION**

Please specify program type		Media Format		
<input type="checkbox"/> Single Program	<input type="checkbox"/> Series Program	<input type="checkbox"/> DVD	<input type="checkbox"/> Dropbox	<input type="checkbox"/> Other _____

PROGRAM LENGTH					
For Series	Episode #	Episode Title	Hours	Minutes	Seconds

**Programing Area**

Please check all that apply, but no more than three. See Programming Areas in the VCAT Policy for definitions.

Spiritual / Religious  Community  Sports  Educational  Arts / Entertainment

Political /Public Affairs  Documentary  PSA  Lifestyle / Health  Promo  Other

**AUDIENCE CATEGORY**  Children  Youth  Senior  Adult Content  All  May be offensive

Please give a brief description of your program. No more than three (3) sentences.

**PLAYBACK INFORMATION**

Programming times are first come, first serve.

What calendar week would you like your program to air? Please use Monday as the first day of the week.

Would you like this video to be added to our YouTube Channel?  YES  NO

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1st Choice							
2nd Choice							
3rd Choice							

Is there a date to cease play on this program? If yes when? Cease Date  YES  NO

Is this the first telecast / broadcast of this program?  YES  NO

Has this program been played on any other television station?  YES  NO

Has this program been previously submitted for playback on VCAT  YES  NO

May we replay your program at a later date?  YES  NO

VCAT USE ONLY FILE NAME	Program Area	Category	YYMO	TITLE
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Please read and initial the following statements. By initialing you are verifying that you agree to these statements or that these statements are true.

Table with 2 columns: Please Initial, and 6 rows of statements for verification.

Requests for Copies

Table with 2 columns: Please Initial, and 2 rows of copy requests.

The Submitter agrees, covenants and contracts that:

Table with 2 columns: Please Initial, and 6 rows of agreement statements.

This application is an open record

Table for signature and date information, including fields for Signature, Date, Printed Name, Parental/Organization Rep. Sig., and Date.

NOTES (VCAT USE ONLY)