



CABLECASTING APPLICATION

Cable Caster

NAME: _____ GMATV MEMBER: [Y] [N]

ADDRESS:

WORK PHONE: _____ HOME PHONE: _____

DATE: _____ EMAIL: _____

Program Details

TITLE: _____ LENGTH: _____

(if more than one episode)

Episode 2: Length: _____ Episode 3: Length: _____

Episode 4: Length: _____ Episode 5: Length: _____

Episode 6: Length: _____ Episode 7: Length: _____

PRODUCER: _____ DISTRIBUTOR: _____

REQUESTED AIR DATE(s): _____

DESCRIPTION: _____

By signing below the cable caster specifically acknowledges and agrees to the following:

Green Mountain Access Television, Inc.

P.O. Box 581 Hyde Park, VT 05655 | 802-851-1592 | Comcast Channel 15

www.GreenMountainAccess.tv | GMATV@comcast.net

