



Queens Public Television CABLECAST APPLICATION

FORM #3

PROGRAM SERIES TITLE <small>(29 characters or less) For Weekly/Monthly Series Programs</small>			
EPISODE/SEGMENT TITLE <small>(29 characters or less) For Specials/Individual Programs</small>			
PROGRAM DESCRIPTION <small>(29 characters or less)</small>			
DATE OF SUBMISSION			
Does this program contain Strong Sexual Content and/or Adult Language?		YES _____	NO _____
PROGRAM LENGTH	28:30 _____	58:30 _____	LANGUAGE <small>(e.g., English, Spanish, etc.)</small>
The length of a cablecast in actual on-air program minutes should not be more than 28:30 or 58:30			
MY PROGRAM FORMAT IS A:	Series Type: Weekly Series _____ Monthly Series _____ Non-Series: Special _____		
QUEENS RESIDENT'S NAME <small>(Please Print)</small>	<i>First</i>	<i>MI</i>	<i>Last</i>
MAILING ADDRESS	<i>Address</i>		<i>Apt./Suite</i>
	<i>City</i>		<i>Zip Code</i>
TELEPHONE	<i>Day</i>	<i>Night</i>	<i>Fax</i>
EMAIL ADDRESS			
QUEENS RESIDENT'S SIGNATURE	X	DATE	

FOR OFFICIAL QPTV USE ONLY

Program Placement		
Start Date		TIME/DATE
End Date		