

BROADCAST REQUEST FORM

(For underwriting, attach to Marketing Agreement Form)

Type of Request :

PSA PSE Underwriting Promo Other (describe) _____

Broadcast Club Member Responsible _____ **Date** _____

Submitted By: _____

(Name of Organization) _____ Non-Profit ID# (If applicable) _____

Number of Members in Organization _____

Contact Person _____

Phone _____ **Email** _____

COPY REQUESTED (can be attached)

Request Approved Denied **Date** _____ **By** _____

Donation/Production/Programming Form

Donation Amount (If Applicable) _____

Approx. Length of Spot (in seconds) ___ 15 ___ 30 ___ 45 ___ 60

Total Number of Spots _____ **Spots Per Day** _____

(These fields required for underwriting and donation spots. Leave blank for other types)

Day(s) of Week: ___ **Full Week** (=Mon - Sun) **other** (explain) _____

Hour(s) within Day(s) ___ **7am - 10pm** (=standard) **Other** (explain) _____

Start Date _____

End Date _____

Recorded by _____ **Date** _____

Produced and Submitted by _____ **Date** _____

Loaded and scheduled by _____ **Date** _____