

Public Service Event BROADCAST REQUEST FORM

For non- Recreation Center organizations

(Example: Churches, Service Organizations)

Is the event open to all residents? ___YES ___NO

Will money be collected? ___Yes ___No

For what exactly will the money be used?_____

Submitted By:_____

(Name of Organization)

Non-Profit ID# (If applicable) _____

Number of Members in Organization _____

Contact Person _____

Phone_____ Email_____

SCRIPT REQUESTED (can be attached)

Request ___ Approved ___ Denied Date_____ By_____

KSCW Office Use Only

Donation/Production/Programming Form

Broadcast Club Member Responsible _____ **Date** _____

Donation Amount (If Applicable) _____

Approx. Length of Spot (in seconds) ___15 ___30 ___45 ___60

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** _____