

Series Programming Contract

Must be filled out by DCTV staff with a DCTV Volunteer Producer (VP) or a program sponsor to establish a series for playback.

Name of Series:				
Producer/Sponsor:_				Phone:
Circle one:	Sponsored	Volunteer Produced		
Series Type (circle one):	Live	Prerecorded	Satellite	
Circle one:	All Originals	All Repeats	Mixed	
Start Date:_		Sto	p Date:	
Time Slot:_				
Estimated Length:_	Hours Hours			
Description:				
Use description from p	revious quarter			
Please use the followi	ing:			

This Series Will Contain Sensitive or Adult Material (*DCTV will schedule sensitive material after 10 pm Monday-Thursday*).

Special Arrangements: ______

In signing this form I agree to the following:

- 1. This series will not violate any of DCTV's programming guidelines as noted in section 3 of DCTV's Rules and Procedures.
- 2. This series will conform to all technical guidelines as noted in subsection 3.10 of *DCTV's Rules and Procedures*. Specifically for prerecorded programs: No control track errors (glitches). At least 30 seconds of black preceding and following the program (Tone and Bars and Countdown acceptable preceding). Program length is accurate.
- 3. If this series is a live program, I will start the program on time.
- 4. If this series includes prerecorded tapes, I will include a *Playback Request Form* with each tape at least two weeks in advance of it's scheduled air date.
- 5. I am a current member of DCTV in good standing.
- 6. If I am a sponsor, I have signed a *Sponsor's Statement of Compliance*. If I am a volunteer producer, I have signed a *Volunteer Producer's Statement of Compliance*.

VP/Sponsor Signature:		Date:
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DCTV Staff Signature: _____

Date: