



# Queens Public Television CABLECAST APPLICATION

FORM #3

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

**FOR OFFICIAL QPTV USE ONLY**

<b>Program Placement</b>		
		TIME/DATE
<b>Start Date</b>		
<b>End Date</b>		

