

**Chicopee Public Access CPA19**  
**REQUEST FOR CABLECASTING**

**Name of Program** \_\_\_\_\_

**Episode Number ( If Series )** \_\_\_\_\_

**Running Time In Minutes, Seconds** \_\_\_\_\_

**Producer's Name** \_\_\_\_\_

**Producer's Address** \_\_\_\_\_

**Producer's Phone Number** \_\_\_\_\_

**Sponsor's Name** \_\_\_\_\_

**Sponsor's Address** \_\_\_\_\_

**Sponsor's Phone #** \_\_\_\_\_

**Proof of Residency**

**Access ID** \_\_\_\_\_

**Driver License #** \_\_\_\_\_

**Other** \_\_\_\_\_

**Program Type ( Circle all appropriate descriptions )**

**Arts Entertainment Religious Sports Public Affairs**

**Educational Other ( please describe )**

\_\_\_\_\_

**Series Episode Individual Program Produced at CPA19**

**Locally Produced Outside CPA19 Non-Local Production**

**Air Days and Times:** \_\_\_\_\_