Program Proposal

Name: _____________________________________ I.D.#: _____ Date: ___/___/___
Phone # (H): (____)-_____ - _______ (W): (____)-_____ - _______
Organization (if applicable): ________________________________________________
Program Title: _____________________________________________________________

1. Will the program be:  a) __a single program  __submitted weekly  __submitted 
monthly  __other (explain) ________________________________________________ 
b) __live  __videotape only
2. Program format: __talk show  __lecture/demo  __public meeting  __sports  __music 
__theatre  __edited documentary  __political  __other (explain)  ________________
3. Describe program content: (topics, name/number of guests, etc.):  ___________
_____________________________________________________________________
4. Location of the shoot: _________________________________________________
5. Date(s) and time(s) of shoot: ____________________________________________
6. What is the anticipated length of program: _____  Date for completion: ___/___/___
7. Will program require editing?  __yes  __no.   If yes, anticipated time needed to 
edit (each episode, if series): ____________________________________________
8. Please list crew: _______________________________________________________
_____________________________________________________________________
9. Please list equipment needs: _____________________________________________
10. Will the program contain offensive language, nudity, sexually explicit, or excessively 
violent material?  __yes  __no

As producer of the program named above, I accept full responsibility for program content. I 
have read, understand, and agree to abide by the BATV, Inc. (“BATV”) Policies and Regulations. I 
agree to indemnify and hold harmless Comcast, Verizon, BATV, and /or its Board of Directors and 
employees and their successors, and members from any liability, legal fees, or expenses whatsoever 
incurred as a result of cablecasting, streaming and / or distributing this program by any means.

I agree to provide BATV staff, if requested, prior to the dissemination of the program named 
above, with copies of any releases, licenses, or other permissions required to legally do so.

I give BATV the right to duplicate this program, for distribution if requested to do so, 
without any copyright liability whatsoever. I also give BATV permission to use this program, or 
parts of, for promotional purposes.

Producer Signature: _______________________________________ Date: ___/___/___
If producer is under 18, name of parent / guardian: ____________________________

Parent / Guardian’s Signature: _____________________________________________
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Staff Use:  
___ Accepted  ___ Rejected  Date: ___/___/___  Staff Initials: _____ Reason(s):