



HCTV PROGRAM APPLICATION

Date: ___/___/___

Program Title: _____

Producer Name: _____ e-mail: _____

Day Phone: _____ Evening Phone: _____

Format:

- Host Interviews Subjects
 Panel discussion with Moderator
 Interview with video inserts
 Interview on Location
 Location Action/Story
 Other _____

Program Length (approximate): _____ Target audience? _____

Brief Description of Program:

Please attach any outlines, storyboard sketches, press releases or other information about your program.

I plan to produce this show: Once Weekly Monthly Quarterly Other: _____

This program will be produced independent of HCTV. I will provide ready-to-air copies to the station in the following format:

DVD SVHS VHS

I will need to borrow HCTV resources. (i.e. equipment, studio, editing system)

Do you have a crew for this project? Yes No

Do you need help finding crew members?

Camera 1 Camera 2 Camera 3 Director
 Audio Editor Talent Floor Manager

Desired Location of Shoot:

Town Hall Studio Council Chambers

Remote Location: _____

Describe any other requirements or questions you may have concerning this production:

(Please Print Clearly!)

Send Completed Application To: HCTV Corp. P.O. Box 707, Herndon, VA 20170-0707