NEW SERIES APPLICATION

Community Media Center Interim Location : 242 3rd Street | Brooklyn, NY 11215
P: 718-683-5605 | F: 718-935-1123 | bricartsmedia.org/community-media

PLEASE NOTE: New applicants and those reapplying must submit ONE episode for a monthly, TWO episodes for a bi-weekly slot and FOUR episodes for a weekly slot. Episodes, loaded on DVD or flash drive, must be brought to processing appointment along with completed and signed application, and proof of residency (current photo ID and utility bill) **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

PLEASE MARK ONE:

☐ THIS IS THE FIRST TIME I HAVE APPLIED FOR A SERIES.

☐ I HAVE HAD A SERIES ON THE BCAT TV NETWORK IN PAST QUARTERS AND AM REAPPLYING FOR A TIMESLOT.

APPLICANT FIRST NAME: **APPLICANT LAST NAME:**

ORGANIZATION (IF APPLICABLE):

STREET ADDRESS:

APARTMENT/FLOOR/SUITE: **CITY:** **ZIP:**

PHONE 1: HOME/CELL/BUSINESS **PHONE 2: HOME/CELL/BUSINESS** **CERTIFIED?**

* * * * **YES** **NO**

EMAIL ADDRESS:

☐ **YES! I HAVE A CO-APPLICANT. HIS/HER INFORMATION IS:**

FIRST NAME: **LAST NAME:**

STREET ADDRESS:

APARTMENT/FLOOR/SUITE: **CITY:** **ZIP:**

PHONE 1: HOME/CELL/BUSINESS **PHONE 2: HOME/CELL/BUSINESS** **CERTIFIED?**

* * * * **YES** **NO**

EMAIL ADDRESS:

FORM CONTINUES ON BACK →

FOR BRIC STAFF ONLY **Date Rec'd:**_____ **Rec'd By:**_____ **#DVDs:**_____ **FACIL ID#:** _____

DAY:_____ **TIME:**_____ **CH: 1 2 3** **FREQ: WK BI MO**

PROGRAM INFORMATION

FREQUENCY OF SERIES:

O WEEKLY (4 episodes a month) O BIMONTHLY (2 episodes a month) O MONTHLY (1 episode a month)

TITLE:

DESCRIPTION: 140 CHARACTERS OR LESS. INCLUDE SPACES, PLEASE.

PRIMARY LANGUAGE:

CATEGORY: ☐Arts/Culture ☐ For kids under 12 ☐Comedy ☐Entertainment ☐Religion ☐Education ☐Music/Music video ☐Talk/Public Affairs/Gov't ☐Sports/Fitness/Health

May we share your contact information with inquiring audience members?

☐ **YES,** share all contact information included on this form**.**

☐ **NO,** do not share any contact information included on this form.

☐ **ONLY SHARE THE FOLLOWING INFORMATION:**

☐ My First & Last Name ☐ Phone Number ☐Address ☐E-Mail Address

☐ A website about my program. http://www._____

Do you and/or the co-appilcant create the content of the program?

☐ **YES,** I/we create the program from start to finish.

☐ **NO,** the program is created by someone else and I/we sponsor the program for playback.

Does program contain adult language, mature themes, sexual content and/or violence?

☐ **YES** (BRIC reserves the right to cablecast this program only after midnight on BCAT TV Network.)

☐ **NO**

I/we agree, as condition of the cablecast, to indemnify and hold harmless Time Warner City Cable Group, Brooklyn/Queens Division, Cablevision of NYC, RCN Telecomm Services, Verizon, BCAT TV Network and BRIC Arts | Media | Bklyn, or their respective Directors, Officers, Employees and Agents from all loss, liability and damage, including attorney costs, arising out of or caused by the cablecast of my-our program, including, but not limited to, libel, slander, indecency, obscenity, invasion of privacy or public rights, unauthorized use of copyright material or non-compliance with, or in violation of any applicable local, state or federal laws, rules or regulations. I understand that information provided on this form is a matter of public record pursuant to State Cable Regulation 9 NYCRR 59 Sec. 595.4(c)(10). I acknowledge that I have read and understand BRIC's Community Media Center's Policies and Procedures. As specified in the Policies and Procedures, I understand that I am liable for any infractions that occur during my use of the BRIC's Community Media Center's facility and equipment, responsible for my behavior while in the media center and accept resulting suspension or expulsion if it is found that I am in violation of the Policies and Procedures. I understand that I can find the most up-to-date Policies and Procedures online at **bricartsmedia.org/cm_forms.**

SIGNATURE:_____ DATE:_____