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www.bricartsmedia.org/bcat

BCAT MEDIA CENTER STAFF ONLY

Day Of Week: _____ #Tapes: _____
Time: _____ Date Rec'd: _____
Channel: _____ Rec'd By: _____

NEW SERIES APPLICATION

Check One: New Application * Check One: Weekly (4 Episodes)
 Reapplying * BiWeekly (2 Episodes)
*(had a series previously but did not have a time slot last quarter) Monthly (1 Episode)

APPLICANT INFORMATION *(If address and/or name of applicant changes in the future, please bring a completed CHANGE OF INFORMATION form, valid photo ID and current utility bill to Tape Drop Off.):*

NAME: _____
ORGANIZATION (if applicable): _____
ADDRESS: _____
BROOKLYN, NY ZIP CODE: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____
EMAIL ADDRESS: _____
NAME AND ADDRESS OF CO-APPLICANT (if applicable): _____

PROGRAM INFORMATION:

PROGRAM TITLE: _____
PROGRAM PRODUCER: _____
DESCRIPTION (ten words or less): _____

Username: (if assigned) _____
Category (circle ONE): Arts & Culture For Kids Under 12 Religion
Entertainment Education Music Video Comedy Talk/Government/Public Affairs
Sports/Fitness/ Health Other: _____
Language other than English? Please specify: _____

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.

Is the contact information you supplied on this form available for the BCAT Media Center to provide to the public? (Circle one)

YES NO

Are you a BCAT Media Center Certified Producer?

YES NO

Is your co-applicant a BCAT Media Center Certified Producer?

YES NO

Did you produce/ create this show?

YES NO

Does this program contain adult language, mature themes, sexual content and/or violence? *(If you circle 'yes', BCAT TV Network reserves the right to cablecast this program only after midnight.)*

YES NO

I/we agree, as condition of the cablecast, to indemnify and hold harmless Time Warner City Cable Group, Brooklyn/Queens Division and Cablevision of NYC, 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).

SIGNATURE : _____ DATE: _____
PARENT/ GUARDIAN (for minors only): _____