



## PROMO REQUEST APPLICATION

<p><b>(PLEASE PRINT)</b>          Name of sponsoring individual or entity:          _____</p> <p>Contact Person (if applicable):          _____</p> <p>Organization: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone (H): _____</p> <p>Telephone (O): _____</p> <p>Fax: _____</p> <p>Email: _____</p>	<p>Does this program require a disclaimer under the BCAT TV Network program policy for adult, violent and/or medically graphic programming?</p> <p>[ <input type="checkbox"/> ] Yes                      [ <input type="checkbox"/> ] No</p> <p>Does this program contain any adult material, which may require special scheduling?</p> <p>[ <input type="checkbox"/> ] Yes                      [ <input type="checkbox"/> ] No</p>
<p style="text-align: center;"><b>PROMO INFORMATION</b></p> <p>Promo Title: _____</p> <p>Promo Description: (ten words or less):          _____          _____</p> <p>Please check one appropriate topic:</p> <p>[ <input type="checkbox"/> ] Youth              [ <input type="checkbox"/> ] Sports/Health/Fitness      [ <input type="checkbox"/> ] Religion</p> <p>[ <input type="checkbox"/> ] Education      [ <input type="checkbox"/> ] Art/Culture                      [ <input type="checkbox"/> ] Music Video</p> <p>[ <input type="checkbox"/> ] Government/Public Affairs</p> <p>Other: _____</p> <p>Format:          [ <input type="checkbox"/> ] Uploaded on Drive (Username: _____)          [ <input type="checkbox"/> ] DV/Mini DV/DV Cam/DVC Pro</p> <p>Length:          [ <input type="checkbox"/> ] 30 Seconds                      [ <input type="checkbox"/> ] 60 Seconds</p>	<p>I have read and am thoroughly familiar with the contents of BCAT Media Center's rules and procedures.</p> <p>I / We agree, as condition of the cablecast, to indemnify and hold harmless Time Warner City Cable Group, Brooklyn/Queens Division and Cablevision of New York City, BCAT TV Network and BRIC Arts   Media   Brooklyn, or their respective Directors, Officers, Employees and Agents from all loss, liability and damage, including attorney fees and costs, arising out of or caused by the cablecast of my/our program, including, but not limited to, libel, slander, invasion of privacy or public rights, unauthorized use of copyright material or noncompliance 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 NYCRR59 Sec.595.4 (c) (10).</p> <p>Signature: _____          Parent or Guardian (for minors only)</p> <p>Date: _____</p>
	<p><b>TO BE COMPLETED BY BCAT MEDIA CENTER STAFF</b></p> <p>Received by: _____</p> <p>Date: _____</p> <p>Program #: _____</p> <p>Schedule: _____</p> <p>Note: _____</p>