



# PSA REQUEST APPLICATION

**(PLEASE PRINT)**

Name of sponsoring individual or entity: \_\_\_\_\_

Contact Person (if applicable): \_\_\_\_\_

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (H): \_\_\_\_\_

Telephone (O): \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Length:  
 30 Seconds       60 Seconds

**TO BE COMPLETED BY BCAT MEDIA CENTER STAFF:**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Program #: \_\_\_\_\_

Schedule: \_\_\_\_\_

Note: \_\_\_\_\_

I have read and am thoroughly familiar with the contents of BCAT Media Center's rules and procedures.

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).

Signature: \_\_\_\_\_  
 Parent or Guardian (for minors only)

Date: \_\_\_\_\_

**Please attach copy of 501 (c) (3) with this application.**