



Cable 8 Series Contract

For Contract Period
January 1, 2006 – June 30, 2006

**THE ENTIRE CONTRACT MUST BE FILLED OUT
COMPLETELY FOR ELIGIBILITY.**

If a section does not apply to your series, please write N/A in that section.

Please be aware that completion of this form **does not** guarantee a series time-slot. Cable 8 reserves the right of final approval according to the guidelines outlined in the Series Rules and Procedures.

**You will choose your series time when your name is drawn.
Your choice will then be entered in the series grid.
NO CHANGES CAN BE MADE UNTIL THE DRAWING IS COMPLETE.
If your show is eligible for repeats during the same week it premieres, it must be during
non-prime time hours (any time EXCEPT 6:00-11:00 pm).**

Series Title _____

Your Name _____

Your Street Address _____

City _____ State _____ Zip _____

Your Phone Number (Day) _____ (Evening) _____

Your Email Address _____

Type of series contract you are applying for:

___ Weekly: A new show is submitted each week. (26 shows)

___ Bi-Weekly: A new show is submitted every two weeks. (12 shows)

___ Monthly: A new show is submitted once a month. (6 shows)

Please describe your series:

Program Length & Format (Please circle only one of each)

Length: **28:00 minutes** **58:00 minutes**

Series Format: **Live** **Taped**

**No shows from previous series cablecast on Cable 8 will be allowed in a new series.
They must be new shows.**

Cable 8 STAFF USE ONLY: Time Slots Selected

Premiere _____ **Replay** _____

Please circle the appropriate answers to the following questions:

Is the content appropriate for late evening only (adult language or content)?

Yes No

- If Yes, will each program have the appropriate disclaimer as described by the Greensboro Community Television's Rules and Procedures? Yes No**
- If yes, do you understand that your program will air ONLY between 1:00 am and 3:00 am? Yes No**

Do you currently have or intend to solicit any funding, including sponsors and/or underwriters for your program? Yes No

***Note to all series producers: The Staff of Cable 8 does everything within our power to ensure that your show will run as scheduled. However, we cannot guarantee the cablecast of your show.*

Agreement & Approval of Series Contract

Producer:

I am the producer of the program described in this contract, and have read both Greensboro Community Television's Rules and Procedures, and the Series Rules and Procedures. I will adhere to the policies delineated in these documents. I understand and agree to the commitment involved in producing this series. I also understand that failure to comply with published policy and procedure for any reason will result in loss of contract privileges and eligibility for a 6-month period. I understand that if I wish to terminate this contract for any reason, I must do so *in writing* to avoid 6 months of ineligibility.

Producer
Signature _____ Date _____

Cable 8 STAFF USE ONLY

Cable 8 approves allocation of the channel and facility use described in the contract.

Staff Member Approval _____ Date _____

Traffic Operator Entered in to schedule _____ Date _____