



Boston Neighborhood Network

Series Request Form
Playback Department
Summer Quarter 2008

Please fill out this form completely (incomplete forms will not be processed). Type or print if possible.
You must have at least 3 shows completed to request a series slot. Please see submission guidelines for acceptable formats.

About You:

Name:	Contact: (Please Check Preferred Method)
Address:	
City: State: MA:	<input type="checkbox"/> Phone (Day):
Are You The Program's Producer: <input type="checkbox"/> Yes <input type="checkbox"/> No Please Note: If you are not the producer of the program you must submit a written letter from the producer stating you have permission to show the program. You are fully responsible for the content of the show and all communication regarding that show. Please do not have the producer contact us directly.	<input type="checkbox"/> Phone (Evening):
	<input type="checkbox"/> Email:

About Your Program:

Title of Series:	Program Length: <i>Shows must end at their credits. Shows that go over will not be played.</i>
One Line Summary: (This is for our schedule and will help casual viewers understand what your show is about and why they might want to watch):	<input type="checkbox"/> Hour: 45 – 59min 55 Recommended: ___ min ___ Sec <input type="checkbox"/> Half hour: 20 – 29min 25 Recommended: ___ min ___ Sec <input type="checkbox"/> Mirco: 30sec – 15min Encouraged: ___ min ___ Sec <input type="checkbox"/> Other
Show Topic (What is your show about? ie Local Politics, Arts)	Needs Approval: ___ min ___ Sec
Show Type (What is your shows style: Talk Show, Sitcom, Performance, Documentary)	Program Origination: <input type="checkbox"/> Produced using BNN Equipment & Facilities <input type="checkbox"/> Produced independent of BNN <input type="checkbox"/> Produced at Mass Access Center Which center: _____ <input type="checkbox"/> Other:
Show Intent (What is the shows goal: to entertain, to inform, to build community, to inspire)	Does this program contain at least 50% original content? <input type="checkbox"/> Yes <input type="checkbox"/> No
Offensive Material: Does this program potentially contain any? <input type="checkbox"/> Yes <input type="checkbox"/> No If so please describe:	Upon request may we provide copies (Skip for sponsored shows) <input type="checkbox"/> Yes <input type="checkbox"/> No

About Your Audience:

Program Language(s):	# of Shows Will You Submit: _____
Age Range For Audience:	Show Drop Off: <input type="checkbox"/> Once a week <input type="checkbox"/> Once every other week <input type="checkbox"/> Once a month <input type="checkbox"/> Other
Targeted Audience (This may be an ethnic, professional, creative, geographic or other groupings, ie new families, recent immigrants, long time Bostonians, etc):	Show Pick Up: <input type="checkbox"/> I will pick up in person <input type="checkbox"/> You may discard my program when done <input type="checkbox"/> Self addressed stamped envelop I understand that 30 days after the quarter BNN will dispose of all media not picked up.
For Any Additional Notes Use Another Sheet of Paper	

"I have read and agree to BNN's 'Access Rules & Procedures.'" www.BNNTV.org
(Signature of Requester) _____

Date ___ / ___ / ___

For Office Use Only: Received: ___ / ___ / ___ Member #: _____ Expiration: ___ / ___ / ___

NOTES: