



Boston Neighborhood Network

Single Submission 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 review submission guidelines for acceptable formats.

About You:

Name:	Contact: (Please Check Preferred Method)
Address:	
City: State: MA:	[] 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 it. Please do not have the producer contact us directly.	[] Phone (Evening):
	[] Email:

About Your Program:

Title of Program:	Program Length: Shows must end at their credits. Shows that go over will not be played.
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
Show Topic (What is your show about? ie Local Politics, Arts)	Encouraged: ___ min ___ Sec <input type="checkbox"/> Other
Show Type (What is your shows style: Talk Show, Sitcom, Performance, Documentary)	Needs Approval: ___ min ___ Sec
Show Intent (What is the shows goal: to entertain, to inform, to build community, to inspire)	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:
Offensive Material: Does this program potentially contain any? <input type="checkbox"/> Yes <input type="checkbox"/> No If so please describe:	Does this program contain at least 50% original content? <input type="checkbox"/> Yes <input type="checkbox"/> No

About Your Audience:

Program Language(s):	Upon request may we provide copies (Skip for sponsored shows) <input type="checkbox"/> Yes <input type="checkbox"/> No
Age Range For Audience:	Is this a multipart show: <input type="checkbox"/> Yes <input type="checkbox"/> No
Targeted Audience (This may be an ethnic, professional, creative, geographic or other groupings, ie new families, recent immigrants, long time Bostonians, etc):	Multipart submissions are subject to approval. If this is a multipart submission how many parts will you submit: # Length of each part:..... ___ min ___ Sec
	Total Length:..... ___ min ___ Sec
	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: