



Derry Community Television
14 Manning St, Lower Level
603-845-5514
Find us on Facebook

REQUEST TO AIR PRODUCTIONS

We the undersigned, as residents of the Town of Derry, NH, request the following program be aired on Derry Community Television, Channel 23:

PROGRAM TITLE: _____

PRODUCER: _____

IS THIS A SERIES? Yes No **# PROGRAMS IN SERIES** _____

ESTIMATED PROGRAM LENGTH: hr. _____ min. _____ sec. _____

Description of Proposed Program: _____

Requested air time: (please see reverse) ** _____ ANYTIME _____ DAYS _____ NIGHTS

Mon: AM / PM **Tues:** AM / PM **Wed:** AM / PM **Thurs:** AM / PM **Fri:** AM / PM **Sat:** AM / PM **Sun:** AM / PM

Producer/Director info:

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: Home _____ Work _____

Email: _____

Group/Organization: _____

Signature _____ **Date** _____

Please note: if you are not a resident of Derry, you need 10 (TEN) resident signatures to air programming.
Please fill out back of form.

*** One-off shows will be placed on the schedule as time permits. Requested time slots are not guaranteed and are at the discretion of the cable coordinator. Must have a minimum of 3 (three) regularly produced shows and show a commitment to regular future episodes to receive and maintain a specific time on the cable schedule.*

Derry Resident Signatures for non-resident show requests:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____