



COMMUNITY CHANNEL EPISODE SUBMISSION FORM

Program Name _____

Taping Date _____ Submission Date _____

Producer _____

Episode Title _____

Description of Show _____

Standard or HD (please circle)

Total Run Time ___ 00:29:00 ___ 00:59:00 ___:___:___

Home Slot: _____

Start Date ___ / ___ / ___ Earliest date the show should play

End Date ___ / ___ / ___ Latest date the show should play

Subject:

- Talk show
- Documentary
- Entertainment
- PSA
- Magazine
- Other _____

Language:

- English
- Spanish
- Russian
- Other _____