COMMUNITY CHANNEL
EPISODE SUBMISSION FORM

Program Title_____

Taping Date_____ Submission Date_____

Producer _____

Episode Title_____

Episode Description_____

_____

_____

_____ SD   _____ HD   _____ Audio Only

Total Run Time   ____00:30:00   ____ 01:00:00   ___:____:___ (other)

Start
Date   _____ / _____ / _____   Earliest date the show should air

End Date   _____ / _____ / _____   Latest date the show should air

Subject: Language:

__Talk show   __ English
__Documentary   __ Spanish
__Entertainment   __ Russian
__PSA   __ Other _____
__Magazine
__Podcast   Office use:
__Other_____   ___ Edit
                                            ___ Telvue
                                            ___ Metadata
                                            ___ DVD
                                            ___ Cloud
                                            ___ Soundcloud