



CABLECAST REQUEST FORM

Name:
Address:
Telephone Number:
Program Title:
Program Description:

Request Dates of Playback

Date ____/____/____ Time: _____

Date ____/____/____ Time: _____

MPACT will make every effort to run the program on the dates and at the times requested. However, if the dates are not available, MPACT reserves the right to run the program on alternative dates and times.

An "Applicant" as referred to in this request form, is the person who carries the burden of both legal and financial responsibility connected with the production/program. In the case of a minor (an individual under 18 years of age or still in high school), an adult must sign as the responsible individual.

Applicant agrees to make all appropriate arrangements with, and to obtain all clearances and rights from broadcast stations, networks, sponsors, and music licensing organization, performers' representatives, and without limitation from the foregoing, any and all other persons (natural and otherwise) as may be deemed necessary to transmit its program material over the participating cable systems.

Applicant's Signature: _____ Date: _____