

CHARLOTTE MECKLENBURG PUBLIC ACCESS CORP. PROGRAM INFORMATION SHEET

Please print all information:

Producer's Name: _____

Mailing Address: _____
Street Address City Zip

Day Phone: _____ Evening Phone: _____

E-Mail Address: _____

Program Working Title: _____

Description of Program: _____

Purpose of Program: _____

Target Audience: _____

Category (Check One):

<input type="checkbox"/> Religious	<input type="checkbox"/> Foreign Language
<input type="checkbox"/> Informational	<input type="checkbox"/> Sports
<input type="checkbox"/> Public Affairs	<input type="checkbox"/> Children's
<input type="checkbox"/> Arts & Entertainment	

Type (Check One):

<input type="checkbox"/> Weekly
<input type="checkbox"/> Bi-Weekly
<input type="checkbox"/> Monthly
<input type="checkbox"/> Single/Special

Length: 30 min _____

60 min _____

I will use CMPAC:
(Check all that apply)

Studio _____

Editing _____

Signature of Producer

Date Signed

FOR OFFICE USE ONLY

Date Received: _____ Date of Follow-up: _____

Notes: _____

Operations Manager Approval: _____