



Brockton Community Access

P.O. Box 1057 – Brockton, MA 02303 – Tel:(508)580–2228 Fax: (508)580–0750

www.BCATV.org

PROGRAM SPONSORSHIP FORM

<i>BCA Staff Use Only</i>
Staff Member's Name: _____
Date: _____

Brockton Community Access (BCA) provides cablecast time over its channel(s), which are available for use by qualified users who produce programs at or through BCA facilities and by Brockton residents on a first-come, first-serve, non-discriminatory basis in accordance with BCA operating rules.

Production Information			
Producer's Name :	_____		
Location where Produced	_____		
Address :	_____		
City:	State:	Zip Code:	_____
Home Phone:	Work Phone:	_____	

Individuals who request time to cablecast programs *not* produced at or through BCA facilities will be required to list at least (4) four Brockton residents from different households as sponsors. In addition, the Producer must provide BCA a sample program for technical evaluation. In the event of a time conflict, programs produced at BCA facilities will receive scheduling priority. Shorter length programs will be considered first.

Sponsorship Information			
Sponsor's Name	Address	Home Phone	Work Phone

Proof of residency is required for each sponsor.

Acceptable identification types include photocopies of driver's license (please be sure to cover up your license number), utility bill with current address, or similar.

DVD attached Total program run time: _____