KTAH Programming Application

PRODUCER INFORMATION:

Name: _____

Address: _____

City: _____   Zip: _____

Phone: _____

Email: _____
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Program Working Title:_____

Program Description: (Provide 1-2 sentences describing your program for us to use on our website and other publicity media.)_____

_____

Is the program to be produced at RT? _____

Is the program existing show? If so how does it air? Podcast ____ Other Radio station _____

How often will you submit?   weekly____ monthly ____ one time ____ intermittent ____

What format is your program in?   mp3 ___ flac ___ wav___ other _____

I have one of the following: (check one)
___Volunteer hours (either in person or donated by a board member)
___Underwriting from _____(Underwriting contract signed ___)

I understand that by signing this application, I:
  o   Am authorized to submit this program.
  o   Am assuming full responsibility for the content of this program.
  o   Have read and agree to the Programming Guidelines and Rules.
  o   Promise that I will fully indemnify RT for any violation of said rules.

Producer Signature _____

Program Director's signature _____

Date: _____

Send to: programming@radiotacoma.org