COMMUNITY MEDIA CENTER

Episode Playback

Producer Name:

Program Title:

Episode Title:

Episode Description:

Episode Total Run Time (TRT):

Series Playback: ☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other:

Assigned Airtime: ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.

First Air Date: Expiration Date:

Additional Information:

This episode will air once at the scheduled timeslot; CMC staff may schedule additional repeat playbacks of the episode to fill gaps in the channel schedule.

By signing, I agree to all of the conditions listed on the Statement of Compliance and Playback Application:

Signature: Date:

For Official Use Only

Received by:

Date: