



## **EDITING REQUEST**

*Fill out completely, print and sign to agree to the FRCMedia policies and procedures. No reservation will be accepted without a completed, signed form.*

NAME: \_\_\_\_\_

SHOW TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE: \_\_\_\_\_ SHOW LENGTH: \_\_\_\_\_

TIME: \_\_\_\_\_ LENGTH OF USE: \_\_\_\_\_

EDITING SPACE: \_\_\_\_\_

### **COMMUNITY PRODUCER AGREEMENT**

As the community producer I, the undersigned, represent to Fall River Community Media (FRCMedia) that my use of the editing equipment meets the criteria defined in the FRCMedia policies and procedures which I have viewed and agree to follow.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

STAFF APPROVAL: \_\_\_\_\_ DATE \_\_\_\_\_

May 13, 2024