



**2024 PROGRAM REQUEST FORM**

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

PROGRAM TITLE: \_\_\_\_\_

PRODUCER: \_\_\_\_\_

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

CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ FACEBOOK: \_\_\_\_\_

OTHER: \_\_\_\_\_

MAY WE SHARE YOUR CONTACT INFORMATION WITH THE PUBLIC? YES \_\_\_\_\_ NO \_\_\_\_\_

FREQUENCY: \_\_\_\_\_ LENGTH: \_\_\_\_\_

DESCRIPTION OF PROGRAM: \_\_\_\_\_  
\_\_\_\_\_

*For producers who do not live in Fall River, please provide the following information on a local sponsor:*

FALL RIVER CONTACT: \_\_\_\_\_

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

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

# PRODUCER AGREEMENT

**As the producer and/or Fall River sponsor I, the undersigned, represent to Fall River Community Media (FRCMedia) that the program I am submitting meets the criteria for programming as defined in the FRCMedia policies and procedures which I have viewed and agree to follow. I accept full responsibility for the content of the program.**

PRODUCER SIGNATURE: \_\_\_\_\_

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

F.R. CONTACT SIGNATURE: \_\_\_\_\_  
(IF PRODUCER IS NOT A F.R. RESIDENT)

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

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

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

*STAFF ONLY*  
DAY: \_\_\_\_\_

TIME: \_\_\_\_\_

FIRST AIR DATE: \_\_\_\_\_

May 13, 2024