



Program Proposal

CCTV Cohasset Community TV

Name:

Date:

Address:

Email:

Home Phone:

Work Phone:

Organization:

Production will be shot:

Live _____

Taped _____

Studio _____

On Location _____

Single Program _____

Series _____

Program format:

News Discussion _____

Public Service Announcement _____

Educational _____

Special Event _____

Entertainment _____

Personality Profile _____

Other (please specify) _____

Program Title:

Projected Date for Cablecast:

Program Objectives:

Intended Audience:

Program Length:

Please detail production assistance required:

Have you been certified on this facility's equipment?

Yes _____

No _____

When _____

Where _____

Please detail other related experience:

Have you received any funding for this project? If yes, please explain:

143 TV 143 Pond St. Cohasset, Ma 02025