



32 Swanton Street – Winchester, MA 01890  
781-721-2050 – wincam.org  
**CABLECAST REQUEST FORM**  
*Revised 7/21/14*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone (Other): \_\_\_\_\_  
Email: \_\_\_\_\_ Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ Website: \_\_\_\_\_

- Program Title: \_\_\_\_\_
- Program Producer: \_\_\_\_\_ Phone: \_\_\_\_\_
- Program Sponsor (if required): \_\_\_\_\_ Phone: \_\_\_\_\_
- Channel Request: \_\_\_\_\_ Time Request: \_\_\_\_\_
- Program Type (feature or series): \_\_\_\_\_ Frequency: \_\_\_\_\_
- Media Format: \_\_\_\_\_ Total Run Time: \_\_\_\_\_
- For promotional purposes, provide a brief description of the program:  
\_\_\_\_\_  
\_\_\_\_\_

• Please list any special instructions, such as a program kill date:  
\_\_\_\_\_  
\_\_\_\_\_

- When requested, WinCAM may sell copies of locally produced programming. If you do NOT wish to have your program duplicated and sold, please initial in the following blank space: \_\_\_\_\_

I, the undersigned, warrant and represent to Winchester Community Access & Media, Corp. that the above program meets the criteria for access programming defined in the WinCAM Policies & Procedures, Section III - Programming. Copies of WinCAM's Policies & Procedures Manual may be provided upon request. I agree to obtain all necessary clearances and permissions from any and all organizations, individuals & groups as may be needed to record and/or cablecast material on WinCAM.

The above material submitted by me contains none of the following:

1. Any material which is libelous or slanderous.
2. Any material that is obscene, according to community standards, or is otherwise illegal.
3. Any material that is commercial in nature.
4. Any material which is intended to defraud the viewer, or designed to obtain money by false or fraudulent pretenses.
5. Any material which violates local state or federal law regarding trademark or copyright.

The views and opinions expressed in programs airing on WinCAM are those of the program's producer and do not necessarily reflect those of WinCAM staff, Board of Directors or the Town of Winchester. I further agree that WinCAM, its employees, its Board of Directors and the Town of Winchester shall not be held accountable for any lawsuits, litigation or legal action taken by any interested parties as a result of the aforementioned program(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian (if required): \_\_\_\_\_ Date: \_\_\_\_\_  
Staff: \_\_\_\_\_ Date: \_\_\_\_\_