

ACTV Playback Request Form



Producer / Non-Profit Organization _____
(Producer/organization listed must be a member of ACTV)

Home Phone _____ **Office Phone** _____

Series Title (if applicable) _____

Program Title _____

Program Description _____

TAPE ID# _____ **Program Length** _____ : _____ : _____ **Leader Length** _____ : _____
Staff Use Only Hours Min Sec Min Sec

Block Program Category (circle ONE) Community Information Music/Arts Education 5+ Yrs.old
Religious Education 0-5 Yrs. Old Special Interest Other _____

REQUEST PLAYBACK TIMES

1) CIRCLE DAY OF THE WEEK

2) FILL IN TIME, CIRCLE AM/PM

1st Choice Mon Tues Wed Thurs Fri Sat Sun

Time _____ : _____ am pm

2nd Choice Mon Tues Wed Thurs Fri Sat Sun

Time _____ : _____ am pm

3rd Choice Mon Tues Wed Thurs Fri Sat Sun

Time _____ : _____ am pm

Check here _____ if requesting a replay
of a program that has already aired

Check here _____ if program contains
“Potentially Offensive Programming”

Do we have permission to
recycle the tape immediately?
Yes _____ No _____

Signature _____

Staff Use Only Box

Original Format: Mpeg-2 DVD

File Name: _____ Live or Studio

Notes: _____

Date to Air: _____
Start Date / End Date

Mpeg-2: _____ **Transferred:** _____

Scheduled: _____

MP4: _____ **Upload:** _____

Playlist: _____