

Organization: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Video Submittal:** Videos accepted on DVD in .mpg format or any format that a traditional DVD Player can read.

Video on Demand: Yes \_\_\_ No \_\_\_

Title / Event: \_\_\_\_\_

Production Date: \_\_\_/\_\_\_/\_\_\_ Running time: \_\_\_\_\_ minutes.

Requested Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_

Time Slot: \_\_\_ am \_\_\_ pm Sun \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thurs. \_\_\_ Fri \_\_\_ Sat \_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

**Bulletin Board Submittal:** Please consider available space, TV77 Editor reserves the right to edit or reduce the message to fit a single slide. Best fit is a maximum of about 25 Characters wide on 8 lines.

Post Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_

Title: \_\_\_\_\_

Day, Date & Time: \_\_\_\_\_

Location: \_\_\_\_\_

Cost: \_\_\_\_\_

Sponsors: \_\_\_\_\_

Additional Info\Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Info for the Public: \_\_\_\_\_

The Producer acknowledges that he/she has obtained all necessary copyright clearances and releases for the cablecasting of any and all material contained within the program. The Producer assumes all responsibility for his/her program, agrees to indemnify WTMC and/or the Township, and agrees to hold the aforementioned harmless for any liability, loss, or damage in compliance with Municipal Ordinance 23 of 2013.

Submitted By Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Printed Name: \_\_\_\_\_

Please submit form to: [media@waynetownship.com](mailto:media@waynetownship.com) or the Wayne IT Department in the basement of the Health Wing of Town Hall, 475 Valley Road, Wayne, NJ 07470 (973) 694-1800 ext. 3295.