

WOGT
COMMUNITY ACCESS TELEVISION of OGUNQUIT
BULLETIN BOARD APPLICATION & INFORMATION

Organization Name: _____

Contact Person: _____

Address: _____

Zip Code: _____ Telephone: _____ Fax: _____

eMail: _____

Requested Run Date: _____ Day _____

Requested End Date: _____ Day: _____

Your signature, as sponsor, signifies that you agree to all of these guidelines:

1. The required material is attached to this document; either in hard copy or electronic format.
2. The material will be submitted no less than seven days before the requested Run Date.
3. I represent that I am an authorized person from the above named organization and have the capability of authorizing this information to be displayed on the Ogunquit Public Access channel.
4. Nothing will be displayed that is "for profit" or is of a "commercial" nature
5. Only material that is relevant to residents and visitors to Ogunquit will be considered.
6. No campaign ads or political content will be allowed.
7. The maximum time for a slide is 30 seconds.
8. The maximum number of slides will be determined by the Information Services Director.
9. The staff and volunteers of Ogunquit Cable Access are held harmless for failure to display, errors in display or other acts or omissions which prevent this information from being displayed on the requested days and dates.
10. If a request is denied, the sponsor will be notified by the Information Services Director.

Signature: _____ Date: _____

For Office use only:

Date rcvd: _____ Authorized by: _____ # slides: _____

Approved [] Denied [] Reason: _____

Run Date: _____ End Date: _____