



VIDEO SUBMISSION FORM

Office Use Only

MSN	Sub Date, Initials	Day/Date	Time	Ch	Contact
Duration					
h	:	m	:	m	:
				s	:
				s	Project # & Initials
Pass Yes: _____		No: _____		See Attached	
<small>Date & Initials</small>		<small>Date & Initials</small>			
Scheduling Notes	19	21	36		
<input type="checkbox"/> D	<input type="checkbox"/> 22	<input type="checkbox"/> After:	<input type="checkbox"/> End	<input type="checkbox"/> Resub	<input type="checkbox"/> Non- Local
					<input type="checkbox"/> Live

Name of Program Submitter:

Nonprofit Org:

Address:

Phone #1: Email #1:

Phone #2: Email #2:

Program Title:

Episode # or Subtitle:

Length: Language Spoken:

Program Description/Topic:

Names of people in video:

Select what applies:

- Has violence/graphic images
- Has adult language
- Has nudity, depiction of sexual acts
- Has aired on CAN TV before
- Is not appropriate for younger or sensitive viewers

Program can best be described as:

entertainment/variety/arts education/news spiritual other _____

Airtime Request: _____ or do not show after this date: _____