



The Colorado Channel Ch. 165 ~ www.ColoradoChannel.net ~ info@coloradochannel.net

Request for Air Time Form

This must be submitted 30 days in advance and include a completely filled out, signed Liability Statement and Indemnification Agreement. The program will be screened for compliance with the Colorado Channel's Policies and for technical quality. The program may be accepted or rejected, in whole or in part, based on any or all of the applicable criteria. (PLEASE PRINT)

Request submitted by:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____

Email address: _____

Air time requested for:

Program Title: _____

Brief description of content: _____

Program length: _____

For official use only

____ Approved ____ Not approved _____ CCAB Date: _____

Reason for disapproval if applicable:

