



Wisconsin Association of PEG Channels Program Bicycling Form

Complete this form and return it to your local Access Center
to get the information placed on the WAPC Web site.

1. Contact Information for your Program:

Name _____ Date Submitted: _____

Organization (if any) _____

Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Evening Phone _____

E-Mail Address _____

2. Title of Program: _____

3. Program Length: (rounded up to the nearest minute) _____

4. Program Description: (Briefly describe your program, limit 180 characters)

5. Program Category (check one or more)

<input type="checkbox"/> Minority Issues	<input type="checkbox"/> Disabled	<input type="checkbox"/> Sports	<input type="checkbox"/> Religious
<input type="checkbox"/> Educational	<input type="checkbox"/> Arts	<input type="checkbox"/> Professional Advice	<input type="checkbox"/> Senior Citizen
<input type="checkbox"/> Gender Issues	<input type="checkbox"/> Employment	<input type="checkbox"/> Family	<input type="checkbox"/> Music
<input type="checkbox"/> News	<input type="checkbox"/> Children	<input type="checkbox"/> Municipal Govt.	<input type="checkbox"/> Comedy
<input type="checkbox"/> Youth	<input type="checkbox"/> Bilingual	<input type="checkbox"/> Area Issues	<input type="checkbox"/> Other _____

6. Cost of Receiving the Program (include duplication, shipping or other charges an
Access Center will have to pay to receive the program. If free to Access Center write "free") _____

I have made all appropriate arrangements and obtained all appropriate clearances from broadcast stations, networks, music licensing organizations, performers, performers' representatives and without limitation by the above, any and all other persons as may be necessary for authorization to transmit the material in this program over the cable system. I am also willing to be responsible for the content of this program.

Signature _____ Date _____

Print your name here _____