PROGRAM SUBMITTAL FORM



| Producer's Name (Last, First) | access Bellingham |
|--|--|
| Parent's Name (if Producer is a minor) | |
| Organization Name (if submitted on behalf of an organization) | |
| Program Title (Limit to 30 characters - Will appear on schedule if program is 10 minutes or longer) | |
| | |
| Program Description (Limit to 25 words - Will app | pear on schedule if program is 10 minutes or longer) |
| | |
| | |
| Program Length (Must be 1 hour, 59 minutes or less) | |
| Email | Phone |
| Are you a Bellingham Resident? | |
| behalf of an organization, I further certify that I am an authorized agent who can accept liability on behalf of the organization. | |
| Signature (parent if producer is a minor) | Date |
| For staff use: | |
| Date/time received: | Proof of residency |
| | Scheduled air date/time |