

Playback Request Form

Read instructions on reverse before filling out form.

Title

Episode **Episode #**

CUE TIME **EXACT RUN TIME**

DVCAM **Produced** at Ac/Sac Locally Non-local
 DVD MPEG2 (Did you upload? yes no)
 miniDV **Tape Owner** Ac/Sac Producer/Provider
Has this show ever played on Ac/Sac before? yes no

Preferred Date & Time **Tape Number**

Description
Project # : Staff Only
Program # :

Viewer contact

Indecent content? yes no **O.K. to schedule repeats?** yes no **Kill Date**

Adult content? yes no **Is it appropriate to repeat for:** 1 mo. 2 mo. 3 mo. Indefinitely

Audience

<input type="checkbox"/> General	<input type="checkbox"/> Blind	<input type="checkbox"/> Gays/Lesb.	<input type="checkbox"/> Nat. Amer.	<input type="checkbox"/> Parents	<input type="checkbox"/> Veterans
<input type="checkbox"/> Asian	<input type="checkbox"/> Children	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Disabled	<input type="checkbox"/> Seniors	<input type="checkbox"/> White
<input type="checkbox"/> Black	<input type="checkbox"/> Deaf	<input type="checkbox"/> Men	<input type="checkbox"/> Org. Labor	<input type="checkbox"/> Teens	<input type="checkbox"/> Women

Language

<input type="checkbox"/> English	<input type="checkbox"/> Chinese	<input type="checkbox"/> Hindi	<input type="checkbox"/> Lao	<input type="checkbox"/> Romanian	<input type="checkbox"/> Tongan
<input type="checkbox"/> Spanish	<input type="checkbox"/> Farsi	<input type="checkbox"/> Hmong	<input type="checkbox"/> Mienh	<input type="checkbox"/> Russian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> ASL	<input type="checkbox"/> French	<input type="checkbox"/> Japanese	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Samoan	<input type="checkbox"/> Other

Subject

<input type="checkbox"/> Arts	<input type="checkbox"/> Drama	<input type="checkbox"/> History	<input type="checkbox"/> Music	<input type="checkbox"/> Public Aff	<input type="checkbox"/> Sports
<input type="checkbox"/> Business	<input type="checkbox"/> Education	<input type="checkbox"/> Local News	<input type="checkbox"/> New Age	<input type="checkbox"/> PSA	<input type="checkbox"/> Station ID
<input type="checkbox"/> Comedy	<input type="checkbox"/> Government	<input type="checkbox"/> Hobbies	<input type="checkbox"/> News	<input type="checkbox"/> Religious	<input type="checkbox"/> Vignette
<input type="checkbox"/> Cultural	<input type="checkbox"/> Health	<input type="checkbox"/> Holidays	<input type="checkbox"/> Pgm Promo	<input type="checkbox"/> Science	<input type="checkbox"/> Other

Your Age

<input type="checkbox"/> <18	<input type="checkbox"/> 35 - 44	<input type="checkbox"/> > 85
<input type="checkbox"/> 18-24	<input type="checkbox"/> 45 - 64	<input type="checkbox"/> Did not
<input type="checkbox"/> 25-34	<input type="checkbox"/> 65 - 84	<input type="checkbox"/> state

Your Ethnicity

<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other
<input type="checkbox"/> Black	<input type="checkbox"/> Native American	
<input type="checkbox"/> Asian	<input type="checkbox"/> Did not state	

Are you Disabled?

<input type="checkbox"/> Blind
<input type="checkbox"/> Deaf
<input type="checkbox"/> Other physical disability
<input type="checkbox"/> Other

Program Provider: **Phone**
First Name Last Name

Address **State**
City **Zip Code**

By submitting this Playback Request Form, I hereby agree not to hold Access Sacramento responsible for any and all damage, loss, theft of this tape, or any tapes submitted for playback. I have read, am thoroughly familiar with, and agree to comply with "Part III, Programming" section of the current *Operating Rules and Procedures*. I have signed the required "Statement of Compliance" regarding the Access Sacramento *Operating Rules and Procedures*. Under penalty of perjury, I affirm all the information I provided on this form is correct.

Signature: _____ **Date** _____

If produced for a non-profit organization give name:

Instructions for this Playback Request Form

This is your request for cablecast time on Access Sacramento's channels. There are certain declarations you must make regarding your show, so please fill in all items. Please print clearly.

- Episode Title** If your show is part of a series it must be distinguished from all others in the series by a unique episode name or number. Do not repeat numbers from year to year or use the cablecast date for the episode number. Only one show per tape.
- Exact Run Time** Measured from the first frame of video of the program itself to the last frame of video before going to black. Do not include the color bars, slate, or countdown in your exact run time.
- Cue Time** The point at which you have the first visual frame in your program.
- Format** This is how your tape is recorded. We can only play tapes recorded at standard speed. Only one show per tape please. Multiple programs are allowed on DVDs only. Do not include color bars, slate, or countdown on DVDs.
- Scheduling** 1 – List your first choice of date or time for showing your show.
2 - If show is part of a series, list date and time for your series time slot.
- Tape Number** This is the Access Sacramento serial number on the clear window of the tape cassette. If program is your tape leave this space blank.
- Description** Include topics, speakers, performers, type of performance (jazz, rock, drama, sci-fi, talk show, etc.) Did you give a contact number for the guest? Include it here...
- Indecent Content** Does the program you are submitting contain any indecent material? Defined as "Description or depiction of sexual or excretory functions that are patently offensive under contemporary standards applicable to the broadcast medium."
- Adult?** Does this program include any adult situations, language, nudity, or violence? This is not the same as indecent. If yes it must be scheduled for after 11pm.
- Repeat?** 1 – May Access Sacramento schedule repeat showings of your show?
2 – If this show has played on Ac/ Sac at any time in the past check (yes) for "Has this show..." If you have a series contract you cannot have a repeat in your time slot.
- Language** If it is multi-lingual check all languages used.
- Subject** Pick the category that best fits your show. Most are self explanatory, the vague ones are
Arts: Architecture, crafts, dance, fine arts, photography, theatre.
Business: Commerce, economics, labor, management.
Cultural: Customs, folklore, ethnic fairs, festivals, shows in other languages.
Government: Law, public administration, political science, schools.
Health: Cooking, fitness, medical science, mental health.
Program promotion: Short piece promoting a specific show or series on Ac/Sac.
PSA: Public Service Announcement under 5 minutes.
Religious: Includes church services, spiritual, and inspirational shows.
Station ID: A piece under 5 minutes promoting or identifying Access Sacramento
Vignette: Short (>10 min.) drama that doesn't fit in any other category.
- Ethnicity, Age, Disabled** These categories are needed to provide the Metropolitan Cable Commission with a snapshot of the users of Access Sacramento's facilities. Please take the time to fill them out.
- Name Address Signature** You, the submitter of the show, must provide your name and local address for Access Sacramento to accept your tape. Signature is required. Series shows can only be submitted by the Series Provider. Viewers asking to contact the producer will be given the contact information you provided under "Viewer Contact". If nothing is listed, then we will look to our database to confirm the ability to give out your contact information.