



Norcam, Inc.
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Program Proposal Form
(please print clearly or type)

Date: _____

Program Title: _____

Name Producer(s): _____

Address(es) of Producer(s): _____

Phone Number(s) of Producer(s): _____

Target Date of Completion: _____

Estimated Length/Run-Time of Program: _____

Target Date of Studio and/or Field Equipment Use: _____

Target Date of Editing: _____

Program Type: _____ Format: _____

Frequency of program: _____

Synopsis of the program: _____

Technical needs/request for this program: _____

Please list any patrons or sponsors of this program: _____

List any special permits, copyright waivers, or releases you might need to obtain from public or private sources in order to record, edit, and cablecast this program. Please submit "on-file" copies with the Executive Director.): _____

I/We hereby declare and certify that I/We am/are the responsible party of this program, and therefore assume all responsibilities to and for this program and hold Norcam Inc harmless for the actions and opinions of this program.

Signed: _____ Date: _____

Signed: _____ Date: _____

If under 18 years of age or if you are assigned a legal guardian, your parent or legal guardian must sign here to indicate his/her approval/knowledge of your actions -

Parent/Guardian: _____ Date: _____