

**COMMUNITY TELEVISION  
REQUEST FOR VIDEO COVERAGE**

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Event to be covered: \_\_\_\_\_  
Location of Event: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone# \_\_\_\_\_ FAX: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Best times to reach: \_\_\_\_\_

Is there a budget for video coverage?  NO  YES Amount \_\_\_\_\_

Date of Event: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_

One time Event  Public Service Announcement (PSA)

Other Please describe: \_\_\_\_\_

Signature of person authorizing payment \_\_\_\_\_

Print Name: \_\_\_\_\_

TO BE BILLED\* ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PO#: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

BILLING PERSON: \_\_\_\_\_

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*Our below cost non-profit rate for a standard event (2 hours or less) is \$450 (2 cameras-shoot and edit) or \$225 (1 camera shoot and edit). For certain events, CTSCC is able to waive some of these costs. If you are unable to pay the full costs, please indicate how much you can contribute and we will contact you.*

- We ask for two to three weeks notice for your request.
- Release forms are available for persons appearing in video, and must be signed prior to taping.
- It is important that people appearing on camera know that they are most likely going to be seen on television
- Final Program will & MUST be shown on Community Television
- Contributing organization will receive one VHS or DVD copy of final edited program. (Additional copies can be purchased from CTSCC).
- **All editorial and duplication rights are reserved by CTSCC.** We do not give the raw footage or the master tape out.
- Please use our full name (Community Television of Santa Cruz County) and/or official logo in publicizing your event. (Our graphics are available upon request)
- Please have your MC read the Community Television announcement (provided by the crew) prior to your event.

Please send your contribution to:  
COMMUNITY TELEVISION OF SANTA CRUZ COUNTY  
816 PACIFIC AVENUE  
SANTA CRUZ, CA 95060  
PHONE: 831 425-8848 Ext. 21 FAX: 831 425-3958

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**STAFF USE ONLY**

Approved: \_\_\_\_\_

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> PSA         | <input type="checkbox"/> Mini-Documentary               |
| <input type="checkbox"/> Field Shoot | <input type="checkbox"/> Studio Shoot                   |
| <input type="checkbox"/> ONE CAMERA  | <input type="checkbox"/> FLYPACK (3 Camera Mobile Unit) |
| <input type="checkbox"/> TWO CAMERA  | <input type="checkbox"/> Tricaster                      |

**NOTES:**