Request for Studio Time

Producer:		Date:
Address:		
Telephone:	Email:	
Date(s) and time(s) reques	sted:	
Crew:		
Will an audience be prese	nt?	
The use of the LCTV I production that will appe channels. Any other use	Media Center and/or equip ear on LCTV and that may e of the LCTV Media Cente	CENTER AND EQUIPMENT ment must be for the purpose of making a appear on partnering public access stations' er and/or equipment, excluding contracted roved by the Board of Directors.
When finished, please m pieces returned to their p	nake sure all equipment is to proper storage place. Please	roductions with reasonable care and safety. urned off and cables, mics, cameras and set e remove trash and personal items, including ought in for the production.
of my crew, guests and/or aud financial responsibility for an my crew, guests, and/or audie	lience that come into the studio y damage caused to the LCTV	r my conduct, as well as the conduct of members in connection with my production. I also accept studio and/or equipment by myself or members of epair or replacement of the LCTV studio and/or oroduction.
Signature		