



Project Proposal Form Saugus Community Television

_____ Producer Name	_____ Group/Organization (if applicable)
_____ Telephone	_____ Address
_____ Project/Series Title	
<input type="checkbox"/> Single Show <input type="checkbox"/> Series	
Starting Date: ___/___/___ Ending Date ___/___/___ Planned Length _____	

Describe the program _____

Production location(s) _____

Equipment/Facilities needed:	
Studio:	<input type="checkbox"/> Production Studio <input type="checkbox"/> Conference Room
Field:	<input type="checkbox"/> Portable Mini-DV Kit <input type="checkbox"/> Other
Edit:	<input type="checkbox"/> Non-Linear Edit

I have read and understand Saugus Community Television's Policies and Procedures and acknowledge that all programs produced with SCTV's equipment and/or facilities must be shown first on an SCTV access channel.

Producer Signature: _____ Date ___/___/___

Organization Rep. Signature _____ Date ___/___/___

<i>Staff Use Only</i>	
Project ID # _____	
SCTV Staff Signature _____	Date ___/___/___