



**PLAYBACK & TIME SLOT REQUEST FORM**

Please state the channel and time slot requested below:

Channel 95 – Dallas iMedia Network (Time Warner) Day \_\_\_\_\_  
Channel 44 – Dallas iMedia Network (Verizon Fios) Time \_\_\_\_\_  
Channel 99 - Interfaith Channel (Time Warner)  
Channel 43 - Interfaith Channel (Verizon Fios)  
Channel 96 – Dallas iMedia Network Youth Channel (Time Warner)  
Channel 45 – Dallas iMedia Network Youth Channel (Verizon Fios)

**Scheduled:**  
Day \_\_\_\_\_  
Time \_\_\_\_\_  
Channel \_\_\_\_\_  
Start Date \_\_\_\_\_

Single Program \_\_\_\_\_ Series Episode \_\_\_\_\_ New Series \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-monthly \_\_\_\_\_ Monthly \_\_\_\_\_  
If Dated Material--Kill Date \_\_\_\_\_

I request the cablecast of \_\_\_\_\_  
Title \_\_\_\_\_  
Series # \_\_\_\_\_ Tape ID # (office use) \_\_\_\_\_

I am familiar with the contents of this program and agree it will comply with the rules and procedures of Dallas iMedia Network. I agree to reimburse Dallas iMedia Network for any liability which may incur as a result of the cablecasting of this program. I understand my tape(s) may only remain in iMedia's tape library 60 days after playback completion and will be discarded if not retrieved by that time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Tape Format (Check One Only): DVC Pro: \_\_\_\_\_ DV Cam: \_\_\_\_\_ Mini DV: \_\_\_\_\_ DVD: \_\_\_\_\_ Other: \_\_\_\_\_

Program Type (Check One Only): Arts and Cultural \_\_\_\_\_ Community Issues \_\_\_\_\_ Entertainment \_\_\_\_\_ Family Issues \_\_\_\_\_  
For Children \_\_\_\_\_ General Information \_\_\_\_\_ Health Issues \_\_\_\_\_ Religious \_\_\_\_\_ Sports \_\_\_\_\_

Leader length: \_\_\_\_\_ Program length: \_\_\_\_\_

Does this program contain any material that could be considered adult content? Yes \_\_\_\_\_ No \_\_\_\_\_

Shoot Location (if possible, please list specific area of city and/or site name): \_\_\_\_\_

Program Description (Synopsis): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_ PHONE (H) \_\_\_\_\_ (B) \_\_\_\_\_

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

ORGANIZATION: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Studio A\_\_ B\_\_ Taped \_\_\_\_\_ Live \_\_\_\_\_ Portable \_\_\_\_\_ Edit Only \_\_\_\_\_ Truck \_\_\_\_\_ Out-of-house \_\_\_\_\_ Satellite \_\_\_\_\_  
Staff Received \_\_\_\_\_ Date \_\_\_\_\_ Staff Returned \_\_\_\_\_ Date \_\_\_\_\_

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[www.dallasimedia.net](http://www.dallasimedia.net)