

# Shaw Community Access Programming

## Victoria Foundation Community Knowledge Centre

Name (please print): \_\_\_\_\_

Group or organization (if applicable): \_\_\_\_\_

Contact numbers: cell: \_\_\_\_\_ home: \_\_\_\_\_ office: \_\_\_\_\_

Fax #: \_\_\_\_\_ e-mail: \_\_\_\_\_

Event date(s): \_\_\_\_\_

Event location(s): \_\_\_\_\_

Brief description of event, story or program idea:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

### **The following section of this form is optional**

We welcome you or your organization's direct participation in the production process:

Please select one: \_\_\_\_\_ On-camera \_\_\_\_\_ Producer \_\_\_\_\_ Writer \_\_\_\_\_ Director \_\_\_\_\_ Other \_\_\_\_\_ Do

you or someone in your organization require training? \_\_\_\_\_ Yes \_\_\_\_\_ No

### **To be completed by Shaw staff**

Date received by Shaw Cablesystems: \_\_\_\_\_ Staff name: \_\_\_\_\_

Production commitment: \_\_\_\_\_ Story segment \_\_\_\_\_ Event coverage \_\_\_\_\_ Show / series

Production meeting(s) & follow-up assigned to: \_\_\_\_\_

Airing (date(s)/time(s): \_\_\_\_\_

CRTC Program Class (check one): A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_ E \_\_\_\_\_

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