

MATA STAFF ONLY:
Project No. _____

**LIVE
REQUEST FORM**

STAFF RECEIVED
Initials _____
Date _____

Producer / NonProfit Organization _____
(organization listed must be a member of MCM)

Organizational Member _____
(if producing for a nonprofit MCM member)

Home Phone _____ Office Phone _____

Program Title _____

Program Length _____ minutes

Live Cablecast Preferences

First Choice Date _____ Time _____

Second Choice Date _____ Time _____

Third Choice Date _____ Time _____

TRAFFIC USE ONLY:
Program Number _____
Date _____
Time _____
Comments _____
Date Entered _____ Who Entered _____

Check One Studio PA MPACT CC MPACT

Will your program contain "Adult and Potentially Offensive Programming"? Yes No (circle one)

CREW FOR STUDIO:

Title	Name of Crew Person
Director	_____
Technical Director	_____
Audio	_____
Camera 1	_____
Camera 2	_____
Camera 3	_____
Floor Director	_____