



# REGISTRATION FORM

NAME: \_\_\_\_\_

ORGANIZATION:(IF ANY) \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

COURSE TIME PREFERENCE      DAY \_\_\_\_\_ NIGHT \_\_\_\_\_

I (the undersigned) have been briefed by **New Bedford Public Access Television** staff regarding the rules and regulations of the Cable Access Facility. I understand the rules and regulations and I am in agreement with them.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(If applicant is under the age of 18, signature of parent/guardian is required)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PHONE \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

DATE OF ORIENTATION: \_\_\_\_\_

CLASS ATTENDED/START DATE \_\_\_\_\_

ID# \_\_\_\_\_