



STUDIO REQUEST

NAME: _____ ID #: _____

ORGANIZATION: _____

PHONE #: _____

SHOW TITLE: _____

LENGTH OF USE EXPECTED: _____ LENGTH OF SHOW _____

DATE REQUESTED: _____ TIME REQUESTED: _____

STUDIO A _____ STUDIO B _____

I, (the undersigned), understand that reservations for the access studios are provided on a first-come, first-served basis. I also understand that use of the studio will be for the sole purpose of creating programming for **New Bedford Public Access Television**. I also understand that I am responsible for the care of the equipment under my use. I agree to hold **New Bedford Public Access Television**, (including its employees and agents), the Public Access Advisory Committee, the City Of New Bedford, and MediaOne harmless from liability and/or legal fees incurred as a result of damage to equipment or injuries sustained while using **New Bedford Public Access Television** equipment.

SIGNATURE: _____ DATE: _____

STAFF APPROVAL: _____

FOR OFFICE USE ONLY:

Equipment for studio shoot: _____