



APPLICATION FOR SERIES EDITING AND STUDIO TIME

1. Producer Information:

Name: _____

Have you completed a Programming
Contract with this Application?

_____ Yes _____ No

2. Program Information:

Series title: _____

Check one: _____ Weekly _____ Bi-weekly _____ Monthly

Check one: _____ ½ hour _____ 1 hour

Number of programs in series: _____

The majority of the content of my series is created by:

_____ a Reno, Sparks or Washoe County resident or organization

OR _____ an individual or organization residing outside of Reno, Sparks or
Washoe County

3. Preferred Studio Time:

You may reserve **up to three hours EVERY OTHER WEEK** for studio time. You may
select a regular time slot Monday – Friday, 12:00pm – 9:00pm or Saturday between 10:00am and 6:00pm.

1st Choice:	Day:	_____	Time:	_____
2nd Choice:	Day:	_____	Time:	_____
3rd Choice:	Day:	_____	Time:	_____

4. Preferred Edit Time:

You may reserve **up to six hours per week** for edit time in a **maximum of four-hour blocks**. You may select a regular time slot Monday – Friday, 12:00pm – 9:00pm or Saturday between 10:00am and 2:00pm. Also, please indicate which computer you will be using in the Media Lab (Control Room will no longer be used as an editing facility).

1st Choice (up to four):	Day:	_____	Time:	_____	Computer:	_____
1st Choice (remainder):	Day:	_____	Time:	_____	Computer:	_____

2nd Choice (up to four):	Day: _____	Time: _____	Computer: _____
2nd Choice (remainder):	Day: _____	Time: _____	Computer: _____
3rd Choice (up to four):	Day: _____	Time: _____	Computer: _____
3rd Choice (remainder):	Day: _____	Time: _____	Computer: _____

5. DVD Label Requirements:

All programs submitted for playback **must include the following five items of information** on the spine labels, in a layout similar to the example below:

<p>PROGRAM TITLE</p> <p>EPISODE TITLE AND/OR PROGRAM #, IF APPLICABLE</p> <p>Airdate: mm/dd/yy</p> <p>Delay: 00 sec</p> <p>Run Time: 0:00:00</p>

Please type or clearly print all information. Remember: DVDs will not be accepted without the proper labeling. SNCAT staff will **not** time videos for you.

6. Acknowledgement:

I understand the above outlined labeling requirements, and I understand that playback, studio, and edit times are scheduled on a first-come, first-served basis with priority given to locally produced programs. I also understand that SNCAT reserves the right to make changes to playback, studio, and edit times during the course of the season.

Signature: _____

Print name: _____

Date: _____