

South Portland Community Television

P.O. Box 9422, 25 Cottage Road

South Portland, Maine 04106

Ph: 767-7615 Fax: 767-7620 e-mail spctv@southportland.org

SPONSOR APPLICATION

NOTE: This form is to be used for programs that are requested or produced outside the City of South Portland and are being sponsored by a resident of the City. Sponsored programs should provide a local phone number at the end of the program that residents may contact FMI.

Sponsor's Name (Please Print) _____ Today's Date: _____

Me. Drivers License No. _____ Expiration Date: _____ DOB _____

Non-Profit Organization Name (if any) _____

Producer Affiliation (Producers Name) _____

Project Affiliation (Project Name) _____

Program Name: _____

Your e-mail address: (if any) _____

Your Address:

Street	City	State	Zip
--------	------	-------	-----

Your Telephone Number: (1 Required) (Day) _____ (Eve) _____

I hereby certify that I am a legal resident of the CITY OF SOUTH PORTLAND and I agree to the use of my name as the sponsor for the above named program. I further understand I share the liability for program content with the above named producer and I agree that my name and a local South Portland phone number may be added for a 15 second period at the end of the program to enable viewers to contact me if they have questions about the program.

Signature

Parent or Guardian Signature if under 18