BROADCAST INTAKE FORM

FIRST NAME: _____ LAST NAME:_____

ORGANIZATION:_____
ADDRESS:_____

CITY: _____ STATE:_____ ZIP:_____

BUSINESS PHONE: _____ MOBILE PHONE: _____

EMAIL ADDRESS: _____

SHOW INFO:

BROADCAST TITLE: _____

START DATE: _____ AGREEMENT DURATION: **(3)** **(6)** **(12)** **(OTB)**

BROADCAST DAYS: _____ BROADCAST TIMES: _____

BROADCAST LENGTH: **(30 MIN)** **(1 HOUR)** BROADCAST PLATFORMS: **(YT)** **(FB)** **(ROKU)**

BROADCAST PRODUCTION NEEDED: **(Y)** **(N)** BROADCAST NEEDED LOGO: **(Y)** **(N)**

BROADCAST GENRE:

SHORT FILM [ ]	**FULL FEATURE FILM [ ]**
DOCUMENTARY [ ]	**CARTOON [ ]**
COOKING SHOW [ ]	**TALK SHOW [ ]**
SPORTS [ ]	**MUSIC ARTIST [ ]**
WEDDING [ ]	**VLOG / PODCAST [ ]**
FITNESS [ ]	**PAPARAZZI SHOW [ ]**
NEWS [ ]	**TRAVEL [ ]**