



Program Submission Form

Contact Information

Name : _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-mail: _____

Basic Information

Name of Show: _____

Episode Title: _____

Program Length: _____

Program Segment:

- | | |
|---|---|
| <input type="checkbox"/> Local Variety | <input type="checkbox"/> Community Calendar |
| <input type="checkbox"/> Arts Calendar | <input type="checkbox"/> Local News |
| <input type="checkbox"/> My Music Hour | <input type="checkbox"/> Non-English |
| <input type="checkbox"/> Community Calendar | <input type="checkbox"/> Other |
| <input type="checkbox"/> Municipal Meetings | |

Scheduled Broadcast Time: _____ To _____

Scheduled Broadcast Day: _____

Check this box to allow for additional airings

Show Info (for publicity)

You may want to include names and info regarding special guests, show or event schedule that is being promoted, etc.

Checklist

- Submitted program is on a "Music CD" format.
- CD has been tested on a non-computer CD player.
- CD is labeled with information matching that on this form.
- If applicable, playlist and lyrics accompany this form.
- Program content is in compliance with FCC requirements.

Statement of Indemnity

Applicant agrees to defend, indemnify and hold harmless the City of Kalamazoo, the City of Parchment, the Township of Comstock, the Township of Kalamazoo, the Township of Oshtemo, the Community Access Center, Kalamazoo Regional Educational Service Agency, Kalamazoo Public Schools, their officials, officers, employees, and agents from and against any and all claims, demand, causes of action, liabilities, judgments, costs and expenses (including attorney fees) arising out of the user's use of and transmission of program materials on 89.9 WKDS FM.

Applicant's
Signature: _____ Date: _____

For Office Use Only:

Date Received: _____ **Staff Initials:** _____