

BROADCAST INTAKE FORM

FIRST NAME:		LAST NAME:		
ORGANIZATION: ADDRESS:				
CITY:				
BUSINESS PHONE:		MOBILE PHONE:		
EMAIL ADDRESS:				
	SH	OW INFO:		
BROADCAST TITLE: _				
START DATE:				
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 [FULL FEATURE FILM []	
	DOCUMENTARY []	CARTOON []	CARTOON []	
	COOKING SHOW []	TALK SHOW []	TALK SHOW []	
	SPORTS []	MUSIC ARTIST []	MUSIC ARTIST []	
	WEDDING []	VLOG / PODCAST []		
	FITNESS []	PAPARAZZI SHOW []		
	NEWS []	TRAVEL []		