

Date Submitted_____



WINDSOR COMMUNITY TELEVISION

Sponsor Endorsement

A request to cablecast on WIN-TV programs not produced in Windsor

Windsor Resident's Name_____

Address_____

Phone_____ **Email:**_____

PROGRAM TITLE:_____

IS THIS PROGRAM PART OF A SERIES? YES___ **NO**___

I WISH the above named program to be cablecast on Windsor Community Television and I fully understand and accept the published Broadcast Policies of Windsor Community Television. I state that I have viewed this program. I also guarantee that this program meets the program standards.

In accordance with Windsor Community Television broadcast policy, I understand that as the endorser of a program my name will be released upon request.

I understand that this endorsement is good only for the above named program. In the case of a program series, the endorsement expires after four (4) programs or three months (3), which ever comes first.

SIGNATURE_____ **DATE**_____

Comments: