



City of Fernandina Beach PEG Access Channel 264 Program Submission Form

Please use this form to submit a program for broadcast. Channel 264 cannot accept any programming without this submission form. Please submit content ready for air only NO EXTRA BLACK, BARS, SLATE, OR COUNTDOWN AT THE BEGINNING OR END OF THE PROGRAM. Thank you for your contribution to your PEG Access Programming!

All programming videos submitted must follow the guidelines below.

1. Closed captioning must be provided.
2. Programs must be free of all commercial content.
3. Programs may not contain copyrighted materials. This includes most plays, television programs, motion pictures and music.
4. Programs should not contain slanderous or obscene material.
5. Preferred program lengths are 60 minutes, 30 minutes, 15 minutes and PSAs under 5 minutes.
6. Programs in .MP4 or .MOV format OR JPEG, PPT or PNG are strongly suggested.
7. Programs of poor technical quality will not be accepted.
8. Programs with poor audio will not be accepted.
9. Priority is given to locally produced programming.
10. Channel 264 PEGTV representatives reserve the right to preview all programming.

Release

By signing, I certify that program material that I submit for cablecast will not contain:

1. Material primarily designed to promote the sale of commercial products or services.
2. The solicitation or appeal for funds for any purpose (unless specifically authorized by the City of Fernandina Beach).
3. Material that constitutes or promotes any lottery or gambling enterprise.
4. Obscene material or material that constitutes libel, slander, invasion of privacy or publicity rights, unfair competition, violation of trademark or copyright, or that might violate any local, state, or federal law.
6. "Hate speech" or "fighting words," which are defined by the U. S. Supreme Court as "those which by their very utterance inflict injury or tend to incite an immediate breach of the peace."

Date:

Name:

Signature:



Today's Date:

Name of Producer:

Street Address:

City, State, Zip Code:

Phone Number:

Contact Email:

Title of Program:

Is this intended as a series? Yes No

Title of Episode:

Total Running Time (HH:MM:SS):

Program Description (25 words or less):

Dated Material: Yes No

If "Yes" please fill out beginning and end of broadcast date

Requested beginning date of broadcast:

Requested end of broadcast:

Do you own or have you secured copyright permission for this program and all of its contents? *If Creative Commons check "YES"*. Yes No

Organization (if any):

PEG Partnership: Yes No