



Shaw Community Access Programming

Name (please print): _____

Group or organization (if applicable): _____

Contact numbers: cell: _____ home: _____ office: _____

Fax #: _____ e-mail: _____

Event date(s): _____

Event location(s): _____

Brief description of event, story or program idea:

We welcome **your, or your organization's**, direct participation in the production process:

Please select one: On-camera Producer Writer Director Other

Do you or someone in your organization require training? Yes No

Signature: _____

To be completed by Shaw staff

Date received by Shaw Cablesystems: _____ Staff name: _____

Production commitment: Story segment Event coverage Show / series

Production meeting(s) & follow-up assigned to: _____

Airing (date(s)/time(s): _____

CRTC Program Class (check one): A B C D E

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