



BROADCAST INTAKE FORM

FIRST NAME: _____ LAST NAME: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ MOBILE PHONE: _____

EMAIL ADDRESS: _____

SHOW INFO:

BROADCAST TITLE: _____

START DATE: _____ AGREEMENT DURATION: **(3) (6) (12) (M2M)**

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 []
	DOCUMENTARY []	CARTOON []
	COOKING SHOW []	TALK SHOW []
	SPORTS []	MUSIC ARTIST []
	WEDDING []	VLOG / PODCAST []
	FITNESS []	PAPARAZZI SHOW []
	NEWS []	TRAVEL []