



Media Submission Form
Sun Prairie Media Center
 1350 Linnerud Dr.—Suite 2 Sun Prairie, WI 53590
 Phone: 608-837-4193 Fax: 608-837-0870



• **Title of Program:** _____

• **Organization:** _____

• **Producer's Name:** _____ **Producer's Phone #:** _____

• **Producer's Address:** _____

_____ *Local Sponsor Name & Phone #:* _____

City State Zip **Producer's E-mail:** _____

• **Program intended for channel(s)?** **KIDS-4** **KSUN**

• **Description of content (use back of form if necessary):** _____

• **Do you have a preference for date & time of airing? If yes, when?** _____

• **If this is your media, would you like it returned after it is aired?** **Y** **N**

• **Requested deadline for media return:** _____

I hereby authorize Sun Prairie Media Center to air the above program(s), and take responsibility for the content of the program(s) submitted. I also indemnify Sun Prairie Media Center, its officers, directors, and employees from any liability arising out of my access to the cable system as a result of copyright infringement; presentation of libelous, slanderous, defamatory, or obscene matter; as well as violation of any local, state, county, or federal laws and regulations.

Signed: _____ **Date:** _____