

DCAT 22
Durham Community Access TV
DCAT 22 VIDEO WORKSHOP

Name _____

Address _____

City _____ Telephone _____

Educational Institution
or organization you represent (not required) _____

Address _____

Do you have any previous video experience? _____
If so, what? _____

Enrolling for Training/Course in:

_____ DCAT Overview/Basic Studio Production(\$30) _____ Full Studio Production(\$60)

_____ Field Production/News Gathering and Digital Editing(\$60)

Please make checks payable to : Durham Community Access Television

What are your reasons for attending the class? _____

How will DCAT 22 help you meet these objectives? _____

I understand that I must successfully complete this course in order to become a certified user/borrower of community access equipment and facilities (subject to availability) for this level of video production. I also understand that I may need to take other prerequisite courses in order to gain full access to all DCAT equipment. Further, I understand that above said use is only for production of local tv programs in the DCAT 22 viewing area and not for personal use or for that of other cable systems. I understand that DCAT 22 may revoke my privileges at any time based on my performance or abilities. I realize that I am under no obligation to DCAT 22 to complete this workshop. Upon successful completion, I may apply for programming/production access to the equipment and facilities, depending upon availability. I understand that I will not be paid for my participation in the production of any community access program.

Signed _____
Workshop Attendee/Volunteer DCAT Representative

Date _____

Durham Community Access Television
15 Newmarket Road
Durham, New Hampshire 03824
(603)868-5571

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