

Durham Cable Access Television (DCAT)
Application For Access Channel Use (Form 1.1)

The Applicant MUST meet at least one of the following criteria:
(Please check where appropriate.)

- Resident of the Town of Durham, NH
- Be a faculty member of the Oyster River School District
- Be enrolled in the Video Production Class at Oyster River High School

Name _____

Street or PO Box _____

City/Town _____ State/Zip Code _____

Phone (Home) _____ (Work/Cell) _____

E-mail Address _____

Applicant is acting as a member/representative of _____

Point of Contact/Phone _____

Program/Event Title _____

Description _____

Running time _____

Program Producer (if different from Applicant) _____

Phone _____

Sponsors _____

Application is not complete without signed contract (Form 1.4) attached.