



The Public Access Television Corporation
1111 Marcus Ave., Suite LL27
Lake Success, NY 11042
Tel: 516-629-3710 Fax: 516-629-3704
www.patv.org

Facility Request Form

Fax or Drop off at PATV. Reservations will be taken as early as 2 months prior to requested date and no later than 2 weeks prior. Facilities can be reserved one at a time for 4 hours maximum in on day. If you need to book simultaneously or for an extended period of time please see Executive Director.

Date: _____
Name: _____ Phone: _____
Program/Series: _____
Title/ Episode: _____
Program proposal on file: yes / no

STUDIO FACILITY (10:30am - 9:30pm)

Requested Dates: (1) _____ Day _____ Time: _____
(2) _____ Day _____ Time: _____
(3) _____ Day _____ Time: _____

Certified Crew working on program:

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

EDITING/ DUBBING/ LOGGING (10:30am - 5pm)

Facility needed: ___ SVHS ___ Control Room ___ FCP Edit ___ Dub Rack

Requested Dates: (1) _____ Day _____ Time: _____
(2) _____ Day _____ Time: _____
(3) _____ Day _____ Time: _____

Call office with any cancellations or changes immediately. If you are more than 15 minutes late you may lose your timeslot.

I agree to show up on the day requested (or else cancel a sufficient time beforehand) and assume full responsibility for damage or loss of the equipment while it is in my possession. I understand tht negligent handling of this equipment may result in the forfeiture of the right to use it in the future. All crew has been PATV certified (no unauthorized crew) and the program that this equipment and/or facility is being used for is a program that will be aired on PATV.

Producer's Signature: _____ Date: _____

Producer is responsible for confirmation and the pick-up and drop off of tapes.