



Lakes Region Public Access

community empowered by media

345 Union Avenue Laconia, NH 03246 (603) 528-3070 www.lrpa.org

PRODUCER FACT SHEET & REQUEST FOR CABLECAST

Today's Date: _____

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Home #: _____ Work #: _____

Cell #: _____ Other #: _____

Email address: _____

I am over 18 years of age: Yes _____ No _____ *if NO see below*

I am (circle one) the parent legal guardian of a Youth Producer under the age of 18 _____
Parents or legal guardians of Youth Producers are fully liable and financially responsible for their children's content and any and all equipment used to produce that show. Please see LRPA Policy Manual, 2016 edition for details.

_____ I am submitting a show edited and ready for cablecast

_____ I am submitting a show using LRPA studio equipment and/or technician assistance

Program Title: _____

Program Description: _____

My program will need the following post-production edits: _____

Program Length: Filler (<30 min.) _____ 30 min. _____ 60 min. _____ 90 min. _____ 120 min. _____

Circle appropriate show description: Series Single Show Special Event

Continued on back

Series Frequency: weekly___ 2x month: ___ monthly: ___ Other _____

I allow LRPA to cablecast this program as often as it chooses (circle one): Y N

I allow LRPA to use video or images from my show for station publicity, including on its website, on social media, or in other official publicity or community relations efforts (circle one): Y N

I allow LRPA to upload my program to content sharing websites (circle one): Y N

LRPA wants to assist viewers in making informed decisions about our content. We also want to allow for freedom of expression while adhering to all local, state and federal laws and regulations. Therefore:

- Programs containing mature themes and mild profanity will be scheduled after 10:00 p.m.
- Programs containing excessively vulgar language, nudity, or extreme violence or graphic medical procedures will be scheduled between 12:00 midnight and 5 a.m. , Mon. – Sat.

My program contains: *(please check all that apply; if none apply, leave blank)*:

Mature Themes _____ Mild Profanity _____

Nudity _____ Vulgar Language _____ Extreme Violence _____ Graphic Medical Procedures _____

Other (explain): _____

LRPA cablecasts in Standard Definition (SD). **All submitted programming must meet the following technical requirements:**

Aspect Ratio	Video Codec	Frame Rate	Audio Codec	Sample Rate
720x480 (4:3)	H.264 (MP4)	29.97 FPS	AAC or MP3	48kHz

- Program title included; closing credits must include producer name and contact information
- Content with missing or faulty audio will be pulled
- Content with rolling, splitting or jumping will be pulled

Producer Name: _____

Producer Signature: _____

Station Mngr: _____

Station Mngr Signature: _____

Thank you for your interest in LRPA.