

**Topsham Community Television
Channel 3**

100 Main Street, Topsham, ME 04086

(207)725-5821 ext. 116 Fax – (207) 725-1732

Bulletin Board Application and Information

Organization Name: _____

Contact Person: _____ Telephone: _____

Address: _____ E-mail: _____

Requested Run Dates: Start Date: _____ End Date: _____

Information for Display: (You must include a "For More Information" Phone Number)

I hereby represent that I am an authorized person from the above name organization and have the capability of authorizing this information to be displayed on the Topsham Community Television Channel. Furthermore I hold the staff and volunteers harmless for failure to display, errors in display, and other acts or omissions that Prevent this information from being displayed on the requested days and dates.

I understand that nothing will be displayed which contains for profit information.

Signature _____ Date _____

*Electronic Submissions are strongly encouraged in either Word or Powerpoint Format.

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Office Use Only

Date Received: _____ Authorization _____ Dates _____ Content _____