



LIVE PROGRAM OUTLINE FORM

North Haven Community Television
Operated by Connecticut Community Television, Inc.
127 Washington Ave., North Haven CT 06473-1715
Tel: 203-234-0025 Fax: 203-907-4059
E-MAIL: info@nhtv.com WEB: www.nhtv.com

Producers Name

Tel.#:
Cell #:

E-Mail Address

Address

Town

State

Zip

Length
____:____:____

Date
____/____/____

Start Time

End Time

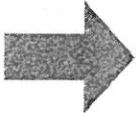
Program Name

PROGRAM CONTENTS

Check Applicable Box Below

Telephone Call-in

Taped Segments

For taped segments (B-Roll), please list
a detailed description of pre-recorded foot 

List ALL On-Air Guests/Hosts Names:

Will be Accepting Telephone Calls: YES NO

List Below Other Format Elements (example: PSA's) Indicate Planned Air Time

Signature: _____

Date: ____/____/____

Outline MUST be submitted Two (2) Weeks In Advance or Least One Week In Advance For a Series