

DPS Radio & Television Request for Services

This form is to be completed for every service requested from DPS-TV Time Warner Cable Channel 21 and WDPS 89.5 FM. (DPS-TV and WDPS FM make every effort to serve the district to the best of their available resources. However, due to schedules and priorities, we can not guarantee every request will be fulfilled.)

Please check appropriate box- Print clearly in blue or black ink. Mail to: Radio/TV, Patterson or Fax to 6714.

- Program Duplication:** Complete Sections 1, 2, and 7
- DPS TV Coverage:** Complete Sections 1, 3, and 8 (if applicable) (If you would like your event publicized on DPS-TV & WDPS FM, complete section 5)
- DJ Services:** Complete Sections 1, 4, 7, and 8
- DPS-TV Bulletin Board/ WDPS Public Service Announcement:** Complete Sections 1 and 5 (Section 6 if applicable)
- Other:** Complete Section 6 (include details)

Section 1: Contact Information

First Name: _____ Last Name: _____
Title/Department: _____ Phone/Ext. _____
Building/Address: _____ Email: _____

Section 2: Program Duplication (We Can NOT duplicate Copyrighted Materials)

Program: _____
Preferred Format: VHS Cassette or DVD Number of Copies: _____

Section 3: DPS TV Coverage

Type of Event: _____ Event Name: _____
Date & Time: _____ Approximate Length: _____
Location (Building, Room #, Etc.): _____

Section 4: DJ Services (\$75 Per Hour, with 2 hour minimum)

Date & Time: _____ Location: _____
Approximate Length: _____

Crew will setup one hour prior to the event. There will be a \$150 charge for cancellations received less than 24 hours before event.

Section 5: DPS-TV & WDPS FM Public Service Announcements (Free of Charge)

WHO: _____
WHAT: _____
WHERE: _____
WHEN: _____
WHY: _____
CONTACT INFORMATION: (If different from Section 1) _____

Section 6: Other/ Details (If none of the above sections apply, give details of your request)

Section 7: Payment Method

- Cash
- Money Order
- Account Transfer: Transfer School funds to Account Code: **200.1623.000.1501.000000.407.00.00 #311**

Section 8: Supervisor/Principal Signature for Approval

Supervisor/ Principal's Signature: _____
Printed Name & Title: _____ Date: _____

Office Processing Only

Date Received: _____ Due Date: _____ Completion Date: _____

Assignment Accepted: Yes No _____

Reason for Decline: _____

Assigned To: _____

Added to Prod. Cal. Added to Groupwise Calendar