

**MERRIMACK EDUCATION CHANNEL (METV)
SUBMISSION REQUEST**

**Please complete this form and submit it along with your videotape to:
Nancy Rose, Director of Library Media Services
c/o Merrimack High School
38 McElwain St.
Merrimack, NH 03054
603-424-6203**

Name of Producer/Program Sponsor (circle one): _____

Phone number: _____

Program Owner: _____

Event title: _____

Date of event: _____

School (circle one): MHS MMS JMUES MES TFS RFS Other _____

Exact program time in minutes (excluding required lead in and roll out screens): _____ min.

This videotape has been edited as follows: (please check)

- _____ Only one program on tape
- _____ One minute of black lead in before program starts*
- _____ Two minutes of black roll out at end of program*

*Black lead in and roll out screens are completely black screens without any audio.

Format: _____ VHS _____ Mini DV _____ DVD*

* Preferred format.

I understand that by submitting this videotape to the Director of Library Media Services for airing on the Merrimack Education Channel (METV), I grant to the Merrimack School District the right to copy, edit and re-cable cast the program to best meet the scheduling and formatting requirements of METV.* I further understand that tapes which are rejected shall be returned to the producer or sponsor, and that all other tapes will be returned by the Town's Media Division personnel following guidelines established for the community channel.

Producer/Sponsor Signature: _____ Date submitted: _____

*If the program is submitted by someone other than the copyright holder, this form must be signed by the copyright holder as well.

Copyright Holder Signature: _____

Approved by Director of Library Media Services (date and initials): _____