



505 Main Street - P.O. Box 446 - Wareham, MA 02571
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Don't just watch TV...make it!

MATERIALS RELEASE FORM

Producer's Name _____ Date _____

Program Title _____

Production Date _____

[Producer] respectfully requests permission to use:

which will become part of the television broadcast and/or video program listed above. This program will be recorded on video tape for later broadcast, as well as distributed on video.

Full credit will be given to

at the close of the show in which this video is used.

We sincerely hope that you grant us the permission requested, and will indicate such by signing and returning this form. Your prompt and courteous consideration of this request is very much appreciated.

Authorized by _____

Date _____

Position _____

Address _____

Phone Number _____