



Tel: (956) 969-6876

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BROADCAST APPLICATION FAX ONLY

Campus / Department _____ Principal _____

Contact Person _____ Telephone (Contact Person) ____ - ____ - ____

Date of Event _____ Time of Event _____ Location _____ Duration of Event _____

Will videographer need to report to various locations? Yes _____ No _____

This request is to provide videotape coverage for _____

Will there be a speaker/s? Yes _____ No _____

Do we have permission from the speaker/s to videotape their presentation Yes _____ No _____

Note: _____

IMPORTANT: IF THE TIME OR DATE OF EVENT CHANGES

Must submit your changes in writing by **FAX ONLY** as soon as possible.

KWES reserves the right to edit materials videotaped/presented or written for time consumption purposes. Applications will be accepted on a first come first serve basis. Please provide us with a contact person and telephone number.

<i>For office use only:</i>		Prg _____
Is date available on KWES calendar?	Yes _____ No _____	Pkg _____
Person taking request _____	Date (today) _____	Time _____
Special Instructions _____ _____		