Producer's Name:	
Producer's Address:	
Producer's Telephone:	
Broadcast Day(s) and Time(s) Desired:	
Alternative Broadcast Day(s) and Time(s) Desired:	
Length of Material: hour(s)	
Provide a brief description of the program material	including the title and subject matter.
By signing this LALA Program Request Form,	
I acknowledge that the program material contains notent Policy.	o prohibited content as described in Gardonville's LALA Con-
	nd clearances have been obtained from broadcast stations, representatives, sponsors and other persons necessary, withmit program material over LALA.
I acknowledge I have received, read and understant to comply therewith.	d the content of Gardonville's LALA Content Policy and agree
Signature:	Date: