

GREAT FALLS TV SHOW PROPOSAL

Date Submitted:

Approved :

Producer Name:

Show Title:

Type of Show:

Show Frequency - Monthly Quarterly Annual Single Broadcast

Show Description:

Technical Staff

Producer :

Camera Operators :

Other Assisting Staff :

As producer of this show you are responsible for any releases, clearances, rights restrictions, contracts, liabilities and sponsorships. GFTV will not be responsible for any claims against the show other than those caused by us airing it on our channels.

Producer Signature:

Date Signed: