

Staff Initials \_\_\_\_\_  
Date Received \_\_\_\_\_  
Program w/ form Yes No



# Series Request for 2018 Season

(At least three episodes must be submitted to be eligible for a new series timeslot.)

1) **Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

2) **Project Title:** \_\_\_\_\_ 3) **Project #:** \_\_\_\_\_

**Episode title must be provided with each submitted show. This differs from the Project Title.**

3) **Series Description (120 character limit):** \_\_\_\_\_

(This will appear in TV listings and on the web.)

4) **Series Type:**

- a) **Length: Check one:**  half hour series (no longer than 00:28:30) *or*  
 one hour series (no longer than 00:58:30) *or*  
 Neighborhood Boards ONLY (up to 2:58:30)

b) **Requested Frequency: Must Check One:**  
**New series only qualify for monthly status.**

**One new episode per month (MONTHLY)**

**Must Check one:** New episode airs on what week:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

**Two new episodes per month (SEMI-MONTHLY)**

**Must Check one:** New episodes air on what weeks:  1<sup>st</sup> & 3<sup>rd</sup>  2<sup>nd</sup> & 4<sup>th</sup>

**One new episode each week (WEEKLY)**

*A Series requires one new episode PER PREMIERE AIRING, submitted at least five days prior to the first air date to the Māpunapuna Media Center. Episodes can be submitted to other centers but with enough lead time for the centers to deliver them to the Māpunapuna Center. Failure to submit new episodes on time will result in preemptions and possible forfeiture of time slots.*

i. **Type:**  Local (at least 50% of content)  Non-Local ii. **Picture Quality:**  SD (standard def)  HD (high def)

iii. **Adult Content:**  Yes (contains graphic violence, sexual content or profanity)  No

*(Adult material will be scheduled after midnight and may be accompanied by viewer advisories and/or age verification)*

5) **Scheduling:** Prime Time Requested?  Yes (between 6:00 PM – 10:00 PM)  No

**NOTE: No guarantee of previous year timeslots** (available to locally-produced series only)

6) **About this project**

a. **Created at: (Check ONE)**

- Kaimukī CMC  Māpunapuna CMC  Nānākuli CMC  Wahiawa CMC  Studio@Capitol  Waipahu CMC
- Windward CMC  Neighbor Island  O'ahu (No 'Ōlelo equipment used)  Out-of-State

b. **Keywords:** Please provide at least 5 **keywords/tags** below that will best describe your program and assist viewers in searching for your program. Timeslots will be assigned based on the information you provide. For example: Church, Hawaiian, Music, Health, Basketball, etc.

\_\_\_\_\_

c. **Language:** More than 50% of the program is in the \_\_\_\_\_ language.

**Don't forget: every episode submitted in this series must have an End Slate with O'ahu contact information in the last 10 seconds of the program; 'Ōlelo will not air an episode without an End Slate.**

## Distribution Agreement:

**Please check ALL applicable boxes below:**

- I am a resident of O`ahu. *If you are not a resident of O`ahu, you must have a local O`ahu sponsor.*
- I am 18 years of age, or over. *If you are under 18, this form must be signed by a parent/legal guardian.*
- I am signing this form as a parent/legal guardian of the minor listed below.
- I am the local PRESENTER\* -or-  I am the PRODUCER.

***I have read, understand and agree to abide by the rules and procedures for the use of 'Olelo's equipment and transmission services ("Client Services Agreement"):***

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representing: (Organization's or minor's name) \_\_\_\_\_

Mailing Address:

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers:

Home \_\_\_\_\_ Office \_\_\_\_\_ Fax \_\_\_\_\_ Cell: \_\_\_\_\_ Email \_\_\_\_\_

**The contact information must agree with the information in 'Olelo's database.**

**Check here if your contact information has changed.**

\*If you are not the copyright holder, attach a permission letter with contact information for the actual copyright holder.