



PROGRAM PROPOSAL FORM

Please fill out form and return to Derek Frates, Director of Cable Access
DFrates@fairhaven-ma.gov

NAME (please print): _____

ORGANIZATION (if any): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE: _____

SHOW IDEAS: _____

TIME AVAILABLE FOR ORIENTATION / TRAININGS

MORNINGS: _____ AFTERNOONS: _____ EVENINGS: _____

DAY: MONDAY ___ TUESDAY ___ WEDNESDAY ___ THURSDAY ___ FRIDAY ___

SIGNATURE: _____

(if the applicant is under the age of 18, a signature of a parent or guardian is required)

NAME: _____ RELATIONSHIP: _____

SIGNATURE: _____