



ACTV Channel 10 FACILITY RESERVATION FORM

Date:

Name:

Address:

Phone:

Reservation
Date:

FACILITY REQUESTED *(Select One with Time In and Time Out)*

STUDIO	EDIT A	EDIT B	DUB CART

I have read the ACTV Operating Rules and Regulations governing the use of public access equipment and agree to abide by the terms and conditions contained therein. I assume full responsibility of the equipment and facilities while in my possession or control, including complete financial responsibility in the event of loss, theft, damage or irresponsible use of equipment. I understand that failure to observe these rules will result in suspension or possible termination of my public access privileges.

SIGNATURE _____

RETURN THIS FORM TO: **AURORA COMMUNITY TELEVISION**
5 East Downer Place Suite T
Aurora, IL 60506
Fax (630) 801-5124

(FOR OFFICE USE ONLY)

RECEIVED BY _____ DATE _____

APPROVED _____ DENIED _____

REASON FOR DENIAL _____
