

Saline Community Television Network Channel 18



1300 Campus PKWY
 Saline, MI 48176
 734-429-8000
 ext. 8055
www.sctn.org
www.salineschools.com

“Special Event Taping” APPLICATION FORM

Date of event:	Air Dates:	
Organization:		
Mailing Address:		
Contact Name:	Contact #:	
Contact Email:	Best time to reach contact:	
Special Event (title):		
Brief description of event:	Event Location:	
	Indoor or Outdoor Event:	
	Time Event Starts:	
	Time crew can get in to set up:	
	Time Event Ends:	
Applicant Signature & Date (below)	For Office Use Only	
X	Date Department Received:	
Note: Special event taping approval is subject to but not limited:	Program Approved for taping: Y / N	
- Application submitted at minimum 2 weeks prior to event	Approved / Not Approved By	
- Production crew availability		
- Content approval	Signature:	
Please Send Application to:		
SCTN Channel 18 1300 Campus PKWY. Saline, MI 48176	Date:	
	Other:	
Email: stumps@saline.k12.mi.us or bushn@saline.k12.mi.us		

Some events will require a Pre-Production meeting with SCTN Staff