



MCA-TV Producer Show Proposal

Producer Name(s): _____ Date _____

Moon Township Resident Producer: _____

Contact Info: _____

Description of Show: _____

Talent(s) Name and Contact Info: _____

Music: _____

Special Set/ Audio Requirements: _____

Equipment Needed: _____

Format: _____

Length of Episodes: _____

Request Days & Times for Airing: _____

In studio: On location:

Sponsorship: _____

Producer(s) Signature: _____ Date: _____

Authorization: _____ Date _____