



Public Access Television Serving Enid Since 1986
123 W. Maine Enid, OK 73701
580.237.0099 580.249.4944 Fax
www.pegasys.org

Request for Local Event Coverage

PEGASYS is proud to support the coverage of local events in the Enid Community. To assist the staff in reviewing your request for event coverage, please complete this application and return it to PEGASYS. You may deliver it in person, mail, fax, or email the completed form to stephanie@pegasys.org.

Your event will include a one-camera, one-microphone video production that will air on PEGASYS on the Suddenlink Communications cable system, reaching 14,500 cable homes in the Enid community. Replay times may be requested. The event will include a text graphics page (including the event title, organization name and date) at the beginning and end of the program, with the wording: "Coverage of this program has been made possible by a donation provided by (your name)." Copies of the production can be made according to the PEGASYS standard dubbing rates.

PEGASYS staff will evaluate your application based on the information requested. Please understand that due to time and budget constraints, not all coverage requests can be accommodated. Preference is given to those coverage requests if a monetary contribution can be made to help cover production costs. Requests will be evaluated at each weekly staff meeting. Applicants will be notified as soon as possible. Should you have any questions, please call (580) 237-0099.

Part A: Event Information

Name of event requested to be covered:

Date and Time of Event: _____

Location: _____

Expected Length of Time at Event: _____

Contact at Event: _____ Phone: _____

Describe the Event and how Enid will benefit from this airing on PEGASYS?

Please attach any background information that you feel may be useful in considering this request.

(Please Fill Out Parts B - D On Back)

Part B: Requesting Party Information

| |
|-------------------------------------|
| Organization Name: _____ |
| Contact Person: _____ |
| Address: _____ |
| City: _____ State: _____ Zip: _____ |
| Telephone: _____ Fax: _____ |
| Email: _____ |
| Signed: _____ Date: _____ |

Part C: Contribution Toward Production

Production costs can exceed \$300 per event. Preference is given toward those requests in which applicants can provide a minimum of 50% of these cost.

Amount Willing To Contribute:

- | | |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> \$50 | <input type="checkbox"/> \$125 |
| <input type="checkbox"/> \$75 | <input type="checkbox"/> \$150 |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> Other _____ |

Part D: Request Submission and Decision

The staff of PEGASYS will evaluate your application based on the information requested. Once a decision is made, we will notify you immediately. Please submit requests as far in advance as possible.

Request submitted this _____ day of _____, in the year of _____.

Applicant Signature: _____

Request ACCEPTED _____ DECLINED _____

Staff Signature: _____ Date: _____

| | |
|------------------------|--|
| OFFICE USE ONLY | EVENT DATE: ____ / ____ / ____ REQUESTED AIR DATE: ____ / ____ / ____ |
| | TRANSIT #: _____ |
| | AMOUNT RECEIVED: CHECK _____ CASH _____ |
| | STAFF: _____ |