

OAKLAND TELEVISION COMMITTEE

Request To Record an Event

EVENT NAME: _____

EVENT SPONSOR: _____

EVENT DATE: _____

RAIN DATE, IF APPLICABLE: _____

EVENT LOCATION: _____

ESTIMATED LENGTH OF EVENT: _____

CONTACT PERSON: _____

EMAIL: _____

PHONE
(home) _____ (cell) _____

EVENT DESCRIPTION: _____

SPECIAL INSTRUCTIONS OR REQUESTS: _____

**PLEASE NOTE: A MINIMUM OF 30 DAYS NOTICE MUST BE GIVEN
BEFORE EVENT DATE TO BE CONSIDERED.**

SIGNATURE: _____ DATE _____

COMPLETED FORMS MAY BE SUBMITTED IN FOLLOWING MANNER:

FAX: 201-405-7592

Email: com72@optonline.net

Drop off or mail to: Oakland Television Committee

One Municipal Plaza, Oakland, NJ 07436