

OAKLAND TELEVISION COMMITTEE  
Request To Record an Event Form (9-27-2011)

EVENT NAME: \_\_\_\_\_

EVENT SPONSOR: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

RAIN DATE, IF APPLICABLE: \_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_

EVENT START TIME: \_\_\_\_\_ 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 FOR AN  
EVENT DATE TO BE CONSIDERED.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLETED FORMS MAY BE SUBMITTED IN FOLLOWING MANNER:

FAX: 201-405-7592

Email: [com72@optonline.net](mailto:com72@optonline.net)

Drop off or mail to: Oakland Television Committee

One Municipal Plaza, Oakland, NJ 07436