



MUSKEGO PUBLIC ACCESS GROUP -- MUSKEGO ACCESS CHANNEL 25

"Special Event"

APPLICATION FORM

Organization Name: _____

Contact Person: _____

Street Address: _____

Mailing City/State: _____ ZIP _____

Telephone Number: (Home) _____ (Work) _____

When is best time to reach contact person? _____

Special Event (Title): _____

Brief Description: _____

DATE of EVENT: _____

Program begins at: _____

Program ends at: _____

Location: _____

Will the event be: Indoor? _____ Outdoor? _____

Will the program be aired live? _____ Yes _____ No

_____ Taped and Live Show

Are 120 Volt 60 Hz power outlets accessible and in area will program will be held? ___ Yes ___ No

The above-named organization/individual has read and accepts the "Guidelines for Taping/Airing Public Events for Public Access by the Muskego Public Access Group (Cable Club)" as received with this application form. The above-named organization/individual agrees to indemnify and hold harmless the MPAG and the City of Muskego from any and all liability which might be occasioned to said MPAG and City by virtue of agreeing to volunteer to tape/air the above-mentioned special event.

Date: _____

Applicant's Signature

Title (Position)

Date Department Received: _____

<<<< For Office Use

Recreation Director

Program accepted for taping/airing?: _____ Yes _____ No

Operator(s): _____

Please remit application to: Muskego Parks & Recreation Dept.

Muskego Public Access Group

P.O. Box 903

W182 S8200 Racine Ave.

Muskego, WI 53150