

**HCTV COMMUNITY BULLETIN REQUEST FORM  
FOR CHANNEL 20**

Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Requested Play Dates/Time: \_\_\_\_\_

**Bulletin Board Message**

Please type or print message clearly. Attach a separate sheet of paper to this form, if necessary.

**(HCTV reserves the right to edit this message and/or reformat to fit.)**