



PROGRAMMER'S APPLICATION FORM

Note: This application will be reviewed by the CJTR Programming Committee and may be accepted as submitted, rejected, deferred, or referred back to the programmer with suggested modifications, or alternate proposals.

NAME: _____
ADDRESS: _____

CITY/TOWN: _____
POSTAL CODE: _____
PHONE: _____
FAX: _____
E-MAIL: _____
WEB SITE: _____
AGE: _____

RADIUS COMMUNICATIONS MEMBERSHIP NUMBER: _____
Non-members: membership fee must accompany this application.

PROGRAM NAME: _____

TYPE: MUSIC SPOKEN WORD
 OTHER _____

FREQUENCY: ONE TIME ONLY
 DAILY
 WEEKLY
 ___ TIMES PER WEEK
 MONTHLY
 OTHER _____

LENGTH OF EACH PROGRAM: _____ MINUTES.

STYLE OR CONTENT: _____

BROADCASTING, PROGRAMMING, MUSICAL EXPERIENCE OR QUALIFICATIONS:

IF PROGRAMMING MUSIC, DESCRIBE HOW YOU WILL MEET YOUR CANADIAN CONTENT REQUIREMENTS:

FOR SECURITY PURPOSES, PLEASE DESCRIBE YOUR EMPLOYMENT HISTORY:

FOR SECURITY PURPOSES, PLEASE PROVIDE PERSONAL/EMPLOYMENT REFERENCES:

IS THERE A TIME OF THE DAY OR WEEK WHEN YOU FEEL THIS PROGRAM WOULD BE MOST APPROPRIATE, AND WHY?

PLEASE ATTACH A DETAILED ILLUSTRATION OF YOUR PROGRAMMING IDEA (e.g. SAMPLE MUSIC PLAYLIST, SCRIPT SUMMARY, ARTISTIC/SOCIAL/NEWS CONCEPT).

Questions may be addressed to *radius@cjtr.ca*, attention "Programming Committee".

Mail to: Radius Communications Inc.

P.O. Box 334 STN MAIN

Regina, SK S4P 3A1

19/09/04