



# 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:**

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

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**FOR SECURITY PURPOSES, PLEASE DESCRIBE YOUR EMPLOYMENT HISTORY:**

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**FOR SECURITY PURPOSES, PLEASE PROVIDE PERSONAL/EMPLOYMENT REFERENCES:**

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

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**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