



Pleasantville Community Television

PRODUCER TITLE FORM

Please complete the following information about your show:

Producer/Host: _____

Taping Date and Time: _____

Series/Show Title: _____

Episode Title: _____

Series/Show Description: _____

Date of Web Upload: _____

Date Aired: _____

ALL ABOUT PRODUCER/HOST:

Name: _____

Series/Show Sponsor: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Twitter: _____

Facebook: _____

Other: _____

ALL ABOUT YOUR GUEST #1*

Name: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Twitter: _____

Facebook: _____

Other: _____



Pleasantville Community Television

PRODUCER TITLE FORM

Additional Guest Information Page

Producer/Host: _____

Taping Date and Time: _____

Series/Show Title: _____

ALL ABOUT YOUR GUEST #2

Name: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Twitter: _____

Facebook: _____

Other: _____

ALL ABOUT YOUR GUEST #3

Name: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Twitter: _____

Facebook: _____

Other: _____

ALL ABOUT YOUR GUEST #4

Name: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Twitter: _____

Facebook: _____

Other: _____