

Program Plan Form

St. Paul Neighborhood Network 375 Jackson Street, Suite 250
St. Paul, MN 55101 651-298-8908 fax. 651/298-8414

Member # _____

Series: yes or no

Name _____

Religious Access (14) _____

Estimated Length: _____

Public Access (15) _____

Series Title: _____

Estimated completion Date: _____

Demographic Information of Producer: (optional information)

Race: _____

Age: _____

Sex: M F

This Program is primarily....

___ **Field Production**

___ **Studio Production**

___ **Van Production**

Signature: _____ **Date:** _____

Please include a brief description of your
program: _____
