

Cambridge Community Television APPLICATION \_\_\_ New  
\_\_\_ Renewal  
**Youth Media Program: SYPP**

NAME _____		DATE _____	
ADDRESS _____			
CITY _____		STATE _____	ZIP _____
PHONE HOME _____	WORK _____	CELL _____	
EMAIL _____			

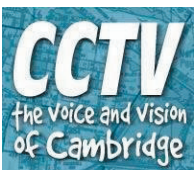
▶ Please explain why you are interested in participating in CCTV's School Year Production Program (SYPP).

▶ Please tell us about your media production experience.

▶ The SYPP runs from October to May. Do you participate in any sports or other activities after school or on the weekends? If so, when do those activities take place?

▶ What days and times are you available to participate in the SYPP?

- |                                |             |                              |             |
|--------------------------------|-------------|------------------------------|-------------|
| <input type="checkbox"/> Mon   | time: _____ | <input type="checkbox"/> Fri | time: _____ |
| <input type="checkbox"/> Wed   | time: _____ | <input type="checkbox"/> Sat | time: _____ |
| <input type="checkbox"/> Thurs | time: _____ | <input type="checkbox"/> Sun | time: _____ |



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 CHANNELS 9.10.22

<b>OFFICE USE ONLY</b> START DATE: ____/____/____	START DATE: ____/____/____
STAFF: _____	<b>v 07.24.08</b>