



APPLICATION FOR BROADCASTING AIRTIME 2017

To: BANKSTOWN-AUBURN COMMUNITY RADIO INCORPORATED (2BACR)

First Name:Surname:

Your Address:

Suburb: Postcode:

Your Contact Details:

Home Phone: Work: Mobile:

Email: Language of program:

Name of the Program:

Content of Program Percentage (e.g. music / talking 60/40%):
.....
.....

Broadcasting Times You Would Prefer (e.g., 9AM-11AM):

Tick which Day or Days of the week you want to Broadcast:

Mon _____ Tues _____ Wed _____ Thurs _____ Friday _____ Sat _____ Sun _____

Do you have a sponsor for your program?

If so, what is the name of your sponsor

Are you broadcasting for a Non-Profit Organisation or charity?

Is the program eligible for a broadcasting grant (Yes/No):

Any further comments:

.....

.....

Signed:

Date: / /

Email this form to 2bacr@tpg.com.au or

Post To: 2BACR, P. O. Box CP246, Condell Park, NSW, 2200

* Airtime fees where applicable are payable one month in advance.

SPONSORSHIP ARRANGEMENTS

* I understand that if I want to make sponsorship announcements during my program, I must have received written approval for the sponsorship announcements from the 2BACR Committee or my program will be removed from the air.

* 2BACR is to invoice all Sponsors.

2BACR: SPONSORSHIP DECLARATION

Important Information for Broadcasters on 100.9FM 2BACR

1. You must obtain approval from the Management Committee before a sponsorship announcement is made.
2. If you acquire a new sponsor you must inform the Management Committee without delay and obtain permission to broadcast the sponsorship announcement.
3. All sponsorship arrangements will be between 2BACR & the sponsor. If you have a sponsor approach you, please provide their details to the station management, as per the attached form.
4. Sponsorship income is to be paid one month in advance to 2BACR, before any sponsorship announcements go to air.
5. A breach of these conditions may result in the suspension of your broadcaster contract with 2BACR.
6. The Management Committee of 2BACR will contact sponsor(s) to verify that all the information provided to the community radio station is correct and complete.

PLEASE FILL OUT THE FOLLOWING INFORMATION AND FORWARD IT TO THE MANAGEMENT COMMITTEE WITHOUT DELAY.

NAME OF BROADCASTER (PRINT YOUR NAME):

YOUR PROGRAM NAME (PRINT):

SPONSOR 1

SPONSOR'S NAME (PRINT):

SPONSOR'S ADDRESS (PRINT):

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SPONSOR'S PHONE NUMBERS:

SPONSOR'S EMAIL ADDRESS:

SPONSOR'S WEBSITE ADDRESS:

SPONSOR 2

SPONSOR'S NAME (PRINT):

SPONSOR'S ADDRESS (PRINT):

.....

SPONSOR'S PHONE NUMBERS:

SPONSOR'S EMAIL ADDRESS:

SPONSOR'S WEBSITE ADDRESS:

SPONSOR 3

SPONSOR'S NAME (PRINT):

SPONSOR'S ADDRESS (PRINT):

.....

SPONSOR'S PHONE NUMBERS:

SPONSOR'S EMAIL ADDRESS:

SPONSOR'S WEBSITE ADDRESS:

SPONSOR 4

SPONSOR'S NAME (PRINT):

SPONSOR'S ADDRESS (PRINT):

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SPONSOR'S PHONE NUMBERS:

SPONSOR'S EMAIL ADDRESS:

SPONSOR'S WEBSITE ADDRESS:

If you have more than 4 sponsors, additional forms are available upon request.