

FCTV –6 Request Form Bulletin Board



This form must be completed for all FCTV Channel 6 Bulletin Board requests.
Please fax form to (815) 469-7999, attention FCTV Bulletin Board.

PLEASE PRINT

Organization Name: _____

Contact Name: _____

Phone Number: (Include Area Code): _____

Day(s) of Event: _____

Date(s) of Event: _____

Start Time of Event: (Specify AM or PM)

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End Time of Event: (Specify AM or PM)

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Description of Event: (no more than 60 characters allowed—No attachments allowed)

Location of Event: _____

Date Submitted: _____

For Office Use Only:

Date Received: _____

Received By: _____

Input Date: _____