KSKQ Community Radio Program Proposal

Name:		
Address:		
City, State, ZIP:		
Phone:		
Program Name:		
Description:		
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Length:	(Music shows, pl	ease keep at least two	o hours; Public Affairs, j	please limit to one hour)
Frequency	Daily	Weekly	Monthly	Other
Preferred Day and Time 1)	•	-	-	
<u>2)</u>				
<u>3)</u>				
Do you have any broadcasting e				
(Note: experience is not necessa	ry for approval.)			

If your program involves pre-recorded material, do you already have this material? If so, how much?

Is the program content affiliated with any business or organization? (There is no "wrong" answer)

What are your volunteer interests at KSKQ?) (On-Air hosts must volunteer 2 hours/month.)
Publicity Fundraising Administrative	Facilities Equipment & RF Studio Sound Engineer	Training On-Air Fill-in Field Recording
	Studio Sound Engineer	

Music Shows: Please attach two sample playlists for full-length shows, including the artist, track, album and label for each song. **Public Affairs:** Please attach two sample "agendas" full-length shows, including suggested guests, topic of conversation and prepared questions to help you guide the hypothetical dialogue.

Thank You!

KSKQ Community Radio 330 E. Hersey St. #2 Ashland, OR 97520 541-482-3999 www.kskq.org