



BCTV

Berwick Community Television
Sullivan Square, PO Box 696
Berwick, Maine 03901

Announcement Request Form

Name: _____ Date: _____

Address: _____

Town: _____

Telephone #: _____

Non-profit group or person of event: _____

Name or title of event of announcement: _____

Date of event: _____ Location of event: _____

(Please refer to guidelines attached for submitting announcements)

Special notes or additional information, 30 words or less:

Signature: _____ Date: _____