



# Berwick Community TV Access Registration Form

(For the purpose for Proof of Residence)

Producer's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Maine Drivers License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Non-Profit Organization Name (if any): \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Home \_\_\_\_\_ Cell

BCTV Production Courses that have been completed: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian if under 18: \_\_\_\_\_

Date: \_\_\_\_\_