



Business Affairs and
Consumer Protection

Cable 25 Project Submission Form

Please complete the form in its entirety. All fields require a response.
Submission instructions: Please submit the completed form to CABLE25@CITYOFCHICAGO.ORG
and a Cable 25 representative will contact you within 24 hours.

Producer Full Name	<input type="text"/>	Editor Full Name	<input type="text"/>
Producer Email	<input type="text"/>	Editor Email	<input type="text"/>
Producer Phone	<input type="text"/>	Editor Phone	<input type="text"/>

Show Title

In one or two sentences, describe the concept of your TV Program

What is the target audience of your program?

What future distribution goals do you have for your program?

What camera(s) and edit system is used to produce your program?

Please note all shows must be submitted digitally through a file sharing service such as Dropbox, FileMail, Google Mail, WeTransfer, etc.

Cable 25

Professional History Information

Full Name

Email

Telephone
Number:

Show Title

Please provide us with a brief history of formal education and professional experience in TV production, if any, for the following positions.

Please note that experience does not secure an approved submission.

Producer(s)

Director(s)

Camera Operator(s)

Editor(s)