

KAAD-LP PROGRAM APPLICATION

Name: _____

Email Address: _____ Phone #: (____) _____

Address: _____ City: _____ Zip: _____

Proposed Show Title / Description:

Related Experience/Training:

Proposed Show Frequency:

Once___ Monthly___ Twice Monthly___ Weekly___ Daily___

Duration:

15min. ___ 30min. ___ 1 hour ___ Other ___

Target Audience:

Potential Sponsors/Underwriters:

Please submit a Voice Demo, no more than 2 minutes in length. We'd like to hear you talk about your self, your interests or the focus of your proposed program. We'd also like to hear you read a short bit of narration - perhaps an ad, a public service announcement or anything that catches your fancy that demonstrates your voice. Need help? Call us at 536-8844. Otherwise, send your demo as an MP3 or WAV file via email to: info@KAAD-LP.org or a CD by snail mail to:

KAAD-LP Program Director

PO Box 5346 Sonora, CA 95370