

Video Submission Form

Primary Contact:	
FIRST	LAST
Email:	Phone:

Video:	
TITLE	GENRE
Synopsis:	
Run Time:	Permissions: <input type="checkbox"/> TV <input type="checkbox"/> WEB
MINUTES	
Notes:	

If your work uses audio or visual materials that are copy protected, please fill out the section below so that TUTV can verify your license agreement with the copyright holder.

Copyright Holder:	
FIRST	LAST
Email:	Phone:
Title:	
Content Type: <input type="checkbox"/> Audio <input type="checkbox"/> Video	

Copyright Holder:	
FIRST	LAST
Email:	Phone:
Title:	
Content Type: <input type="checkbox"/> Audio <input type="checkbox"/> Video	

Copyright Holder:	
FIRST	LAST
Email:	Phone:
Title:	
Content Type: <input type="checkbox"/> Audio <input type="checkbox"/> Video	