RADIO CLASS APPLICATION

Name _______________________________________________________________
Address_____________________________________________________________
Phone________________  Email_________________________________________

What kind of programming are you interested in doing? Please be as detailed as possible. If you are interested in hosting a music program, please list 20 artists you would like to play (use back of form for list).
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

What is your experience with the subject matter you are interested in broadcasting? (Ex. I have an extensive jazz collection)
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

How would your program benefit the community?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Return form to:
Elizabeth Menetrey
Coast Community Radio
Box 269 Astoria, OR 97103