



On-Air Guest Application

(All applications must be approved by Program Director or Station Manager prior to appearance on show)

Show Name: _____

Producer (Real Name): _____

Show Day & Time: _____

Guest Name: _____

Phone: _____

Email: _____@_____

Address: _____

Reason for Appearance:

____ Interview ____ Performance ____ Guest Host ____ Other

Other: _____

*****Guests are held to the same on-air standards as WSUW staff. By signing this, the primary host assumes responsibility for the actions of their guests. Infringement of WSUW policy by any guest can result in guest being banned from further appearances and/or primary host suspension or termination.**

Primary Host Signature: _____ Date: _____

Office Use Only:

____ Approve ____ Reject

Program Director or Station Manager Initial: _____ Date: _____