



OUTSIDE BROADCAST (OB) – EXPRESS REQUEST FORM

Small Community Events

CONTACT DETAILS

Organisation Name: _____

Contact Person: _____

Phone: _____

Email: _____

EVENT DETAILS

Event Name: _____

Event Date: ____ / ____ / ____

Event Location (Full Address, NSW):

Brief Description of Event & Community Benefit:

Estimated Attendance: _____

BROADCAST REQUEST

Type of Outside Broadcast (tick one):

- Live broadcast
- Live crosses into programming
- Pre-recorded interviews
- Promotional attendance only

Requested Duration:

- Up to 1 hour
- 1-2 hours
- Other: _____

Preferred Broadcast Time: _____

SITE & SAFETY REQUIREMENTS

- 240V power available (tested & tagged)
- Indoor event
- Outdoor event (shelter provided)
- Public Liability Insurance in place

SPONSORSHIP & PROMOTION

Will Pulse 89.9FM be acknowledged in promotion?

Yes No

Are there event sponsors?

No

Yes – Please list:

DECLARATION

I confirm the information provided is accurate and understand that Pulse 89.9FM operates in accordance with ACMA regulations. I acknowledge that Outside Broadcast services are subject to availability, technical assessment, and fees (quote on application).

Name: _____

Signature: _____

Date: ____ / ____ / ____

OFFICE USE ONLY – PULSE 89.9FM

Approved: Yes No

Quote Issued: Yes No

Invoice Issued: Yes No