Before Sending this file back to us please change the name – replace Template with the name of your show, and change the Date to the current date.

|  |  |
| --- | --- |
| Show Title |  |
| Host(s) |  |
| Primary Contact Person |  |
| Email Address |  |
| Mobile Number |  |
| Date of Submission |  |

|  |  |
| --- | --- |
| Format (Narrative or Conversational) |  |
| Language |  |
| Target Length |  |
| Seasonal or Recurring |  |
| No of Episodes (if seasonal) |  |
| Release Frequency |  |
| Scripted/Unscripted |  |

|  |  |
| --- | --- |
| Genre |  |
| One Line Description |  |
| Concept (less than 200 words) |  |
| References(if any) |  |
| Additional Notes |  |

|  |  |
| --- | --- |
| Sample Episode | Please list out what the first 10 episodes of your show would be like. This is not an episode plan, but the purpose is to give us an idea of the kinds of topics you want to cover, the kinds of guests you propose talking to and what you would discuss with them |
| Episode 1 |  |
| Episode 2 |  |
| Episode 3 |  |
| Episode 4 |  |
| Episode 5 |  |
| Episode 6 |  |
| Episode 7 |  |
| Episode 8 |  |
| Episode 9 |  |
| Episode 10 |  |