

Kauai Community Radio * KKCR-FM
PO Box 825 Hanalei, HI 96714
www.kkcr.org ken@kkcr.org
Phone (808) 826-7774 FAX (808) 826-7977
KKCR on-air Underwriting contract

Business Name: _____

Mailing Address: _____

City: _____ state: _____ zip: _____

Phone: _____ fax: _____ email: _____

Website _____

Contact Person: _____ title: _____

Time of day Preference: Prime _____ Standard _____ Late Night _____

Program Preferences

days: _____ program: _____ time: _____

Mon _____

Tues _____

Wed _____

Thur _____

Fri _____

Sat _____

Sun _____

----- Messages per week: _____ Messages per month: _____

Initial contracts: 3 month minimum, paid in full

Monthly Rate: \$ _____ x _____ months = \$ _____

Discounts (if applicable): Pre-paid (10%) \$ _____ Non-profit \$ _____

Online Underwriting: **\$25.00** x _____ months = \$ _____

Total initial contract \$ _____

Comments: _____

Authorized Business Representative: This contract is valid and accurate. Payments are due upon receipt of bill. All underwriting messages are subject to FCC regulations and KKCR editing. I agree to these conditions.

Signature: _____ Date _____

Print Name: _____ Date _____

KKCR Representative: _____ Date: _____

Contract Duration: ____/____/____ through ____/____/____ UR# _____

