



CBS Radio – Hartford Storm Center Application

WTIC News/Talk 1080 WZMX Hot 93.7 WRCH Lite 100.5 TIC-FM 96.5

PLEASE TYPE OR PRINT CLEARLY

Organization's Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Organization Telephone #: _____

Organization Fax #: _____

Type of Organization: _____

(Public School, Private School, Tech School, College/University, Day Care, Church /
Synagogue, Town Government, State Government, Business, or Civic / Org. / Misc.)

How Many People Will Your Cancellation Effect? _____

**Please List Three Members Of Your Organization Who Will Be Responsible For
Canceling An Event. Please Note That Only These Three People Will be Allowed To
Make A Cancellation.**

Name: _____ Email: _____

Title: _____ Home Phone: _____

Name: _____ Email: _____

Title: _____ Home Phone: _____

Name: _____ Email: _____

Title: _____ Home Phone: _____

****All of the Above Information is Important. Incomplete Application Will Not Be Processed!****

Please fax this form to 860-284-9842, Attn: James DiGiuseppe