

Affiliation Agreement



Call Letters: _____ AM FM Freq: _____ Format: _____ Phone: _____

Broadcast Area: _____ Power: _____ Fax: _____

GM: _____ PD: _____ SM: _____

Physical Address: _____

Mailing Address: _____

Person to Receive Programs and Correspondence Name: _____

Phone: _____

Email: _____

Start Date: _____ Air Day: _____ Air Time: _____

Program delivery: mp3 files at www.TheHorseShowDL.com

Affidavit delivery: pdf at www.TheHorseShowDL.com

On behalf of my station or network, I agree to air The Horse Show with Rick Lamb and its network commercials every week, at the time specified above, until further notice. I understand that I may change the air time with 30 days notice and that either party may cancel this agreement with 30 days notice.

I agree to submit monthly, using the form and/or procedure provided, a Proof of Performance Affidavit to verify my compliance with the terms of this agreement. Should additional documentation be requested for this purpose, I agree to provide it promptly.

In signing this agreement, I represent that I am authorized by my station or network to enter into such agreements on its behalf and that the obligations hereunder shall extend to my successors and assigns.

Agreed:

for *The Horse Show with Rick Lamb*

A handwritten signature in cursive script that reads 'Rick Lamb'.

Richard A. Lamb

Date

for the Affiliate Station

(signed)

(printed)

Date

*Questions? 1-877-843-4677 toll-free
Also available as a weekday feature, "The Horse Show Minute"*

Fax to 602-971-4079