



Helping Families Thrive™

Web Syndication Request Form

Entity Name: _____

Entity's HTTP Address: _____

Transmission Rate: Dial-Up Broadband Other: _____

Station Format: _____

Primary Contact: _____ Phone: _____ Email: _____

Secondary Contact: _____ Phone: _____ Email: _____

Address/City/State/ZIP: _____

Fax: _____

Type of Web site:

- Television Station Web site Terrestrial Radio Station Web site (Streaming) Internet Radio Station
 Ministry/Organization Web site Other: _____

Web Data Tracking Information

1. Number of Web site hits per month: _____
2. Number of unique visits per month: _____
3. Number of page views per month: _____

Exploratory Questions

Which Focus on the Family programs are you interested in airing?
(See BriargateMedia.com for a list of programs.)

Please tell us how you currently market your Web site, (add additional sheets if necessary):

Please tell us how you plan to market Focus programming on your Web site, (add additional sheets if necessary)?



P.O. Box 998 ♦ Colorado Springs, CO 80901
719-531-3300 ♦ 719-531-3302 (fax)
BriargateMedia.com

What adjacencies are there to each FOF program you are requesting? (Please attach station program guide.)

Please describe your audience demographic: _____

Per our Web banner requirement, please indicate which size banner would best suit your Web site. (Check any that apply)

Vertical: 120x240 160x600 125x125

Horizontal: 468x60 234x60 120x60

STATION TERMS OF AGREEMENT

FOF programming will be granted to the applicant's web site for a six month trial period. At the end of the six-month trial, Briargate Media will re-evaluate the web site and determine whether to extend its programming commitment.

BARTER REQUIREMENT

Station agrees to air a FOF barter spot prior to each FOF program or feature aired on the site.

WEB BANNER REQUIREMENT

Station agrees to place a web banner (provided by FOF,) with hyperlink on top 1/3 of the website's homepage, for the duration of FOF programming airing on the affiliate's site.

AFFIDAVIT REQUIREMENT

Station agrees send monthly proof of performance affidavits to Briargate Media no later than the 15th day of the following month.

Please sign here if you agree to the four terms listed above.

Signature: _____ Title _____ Date _____

BGM Official Use Only:

Approved by: _____ Title _____ Date _____



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