

KQRP-LP 106.1 Underwriting Form

Name of Business or Organization: _____

Phone number: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Email: _____

Type of underwriting:

Monthly News Weather Calendar By Program

Message: (Must comply with Underwriting Criteria, may not be longer than 30 words)

NOTES:

The underwriter understands and agrees to the Underwriting Criteria presented. KQRP maintains the right to edit copy if necessary in order to abide by FCC regulations. Mentions of the underwriter are a "Thank You" for showing support for this non-commercial community radio station.

X _____
Underwriters Signature (Or designated contact)

Date