

## HORSERACING TV™ (HRTV) - SYSTEM LAUNCH FORM

The below-named MSO confirms that it will launch HorseRacing TV™ on a dedicated, full-time channel on the following system:

***System Specific Information:***

System Name		
Nielsen ID		
NCTC Member?		_____ YES          _____ NO
Expected HRTV Launch Date		
Expected HRTV Channel Number		
Total Subscribers		
General Manager Information	Name	
	Phone	
	Fax	
	Email	
Community and State Served		
Headend Address	Street	
	City/State/Zip	
Equipment Location Address	Street	
	City/ State/Zip	
Equipment Shipping Address	Street	
	City, State, Zip	
Receiver Type and Serial Number		
Technical Contact Information	Name	
	Title	
	Phone	
	Street Address	
	City/State/Zip	
	Fax	
	Email	

**Billing Contact Information:**

Accounting Contact Information	Name	
	Title	
	Phone	
	Fax	
	Email	
Billing Address	Street	
	City/State/Zip	

**Marketing Contact Information:**

Marketing Contact Information	Name	
	Title	
	Phone	
	Fax	
	Email	
Address	Street	
	City/State/Zip	

**Required Equipment:** *HRTV distributed on Galaxy 11, Transponder 19*

**Does your system require an IRD with an ASI output ?**  YES  NO

MSO NAME: \_\_\_\_\_

*Submitted by:*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**FAX OR EMAIL LAUNCH FORM TO:**

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