Recital DVD Order Form

$45.00 ea.
(includes tax)

Student Name:_____

Parent Name:_____Phone #_____

How Many?
_____ Friday Night

_____ Saturday Matinee

_____ Saturday Night

Payment: (choose one) CASH _____ CHECK _____ CC _____ DRAFT _____

Date Ordered:_____ Signature _____
(When you pick up DVD)

Staff Initial:_____

****** Please note personal videotaping and flash photography will not be allowed,**