



DVD COPY ORDER FORM

ORDER DATE: ___ / ___ / ___ COPIES NEEDED BY: ___ / ___ / ___

TITLE: PROGRAM ONE

TITLE: PROGRAM TWO:

TITLE: PROGRAM THREE:

ORIGINAL (Check one): ■ VHS ____ ■ DVD ____ (\$15.00 EACH)

NAME _____

PHONE HOME: _____ WORK: _____ CELL: _____

EMAIL _____

■ **SERVICE CHARGE TOTAL :** _____

AMT REC'D: CHECK _____ CASH _____

STAFF: _____

Instructions:

PICKED UP ___ / ___ / ___ BY (SIGNATURE):

THANK YOU