

School name: _____

Video Specialties is pleased to announce professional taping of this year's recital(s). The recital(s) will be recorded in the widescreen format and will include basic post-production editing.

RETURN THIS FORM TO DANCE TEACHER OR DIRECTLY TO VIDEO SPECIALTIES

Parent name: _____
Phone: cell _____ alternate _____
Email: _____

ALL ORDERS WILL BE MAILED DIRECTLY TO YOU AT THIS ADDRESS:

Street address: _____
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ORDERING INFORMATION
MAKE CHECKS PAYABLE TO: *Video Specialties*
Allow 6-8 weeks for delivery

1ST DVD: \$29.95 *(includes sales tax & P/H fees)*

ADDITIONAL DVDs \$25.00 each

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Send me _____ DVDs of: Year _____ Recital # _____ Day _____ Time _____
Send me _____ DVDs of: Year _____ Recital # _____ Day _____ Time _____

PAYMENT: (complete or circle one) Cash \$ _____ Check # _____ VISA MCARD
***** COMPLETE INFORMATION REQUIRED IF PAYING BY CREDIT CARD OR DEBIT CARD *****
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DATE _____

Video Specialties
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