

DVD ORDER FORM

VIDEOGRAPHER: CHRIS BALDWIN

Parent / Guardian Name: _____

Student's Name: _____

Phone Number: _____

Email Address: _____

Quantity: _____

DVD's \$25.00 each

Checks made out to Carolyn Roberts

Amount Due: _____

Paid: Cash Check Credit

Office: Please circle payment type and attach check, cash or credit slip to this form.

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