



# Recital Recording Order Form



**TUSCARAWAS  
DANCE ARTS  
CENTER**

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_



Traditional DVD QTY \_\_\_\_\_



USB drive QTY \_\_\_\_\_



Digital Download QTY \_\_\_\_\_

Delivery Method (pick one). Pick Up @ Studio \_\_\_\_\_ Mail (\$5 fee) \_\_\_\_\_

Total Recordings \$25/ea. \$ \_\_\_\_\_ + shipping \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Payment due at time of order

Make checks payable to "Tuscarawas Dance Arts Center"

**OFFICE USE ONLY**

Date form & payment Recv'd \_\_\_\_\_

Staff Initials \_\_\_\_\_

Date Delivery/pickup complete \_\_\_\_\_

Staff Initials \_\_\_\_\_