



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 _____