

**DuHadway Dance Dimensions 2017 Recital Order Form - June 9-10-11**

Students Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone & email: \_\_\_\_\_

**Please State How Many DVD's of Each Show and Total Amount**

Friday 6:30pm \$35.00 \_\_\_\_ Saturday 10:30am \$30.00 \_\_\_\_ Saturday 2:30pm \$30.00 \_\_\_\_

Saturday 6:30pm \$35.00 \_\_\_\_ Sunday 4:00pm \$35.00 \_\_\_\_

TOTAL: \_\_\_\_\_ Cash: \_\_\_\_\_ Check Number: \_\_\_\_\_

**CASH or CHECKS payable to Duane Weed - No Credit Cards**

All Orders will be mailed two weeks after the show

DW Video & Multimedia, LLC \* dwvideo.com \* 231-250-9624

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