



WBTV

Video Program Order Form

**MONEY IS DUE WITH YOUR ORDER FORM.
ALLOW 4-6 WEEKS FOR PICK-UP AT THE DISTRICT MEDIA CENTER.
(MAIL DELIVERY IS AVAILABLE FOR AN ADDITIONAL CHARGE.)**

PLEASE PRINT OR TYPE ALL INFORMATION:

TITLE OF EVENT: _____

DATE OF EVENT: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

of copies _____ X **\$15.00/dvd** = _____
(Amount due with order form)

of copies _____ X **\$10.00/vhs** = _____
(Amount due with order form)

Please make check payable to: **West Bloomfield School District**

Return order form and check to: **District Media Center
4510 Walnut Lake Road
West Bloomfield, MI 48323**

Questions may be directed to Donna @ (248) 865-6960

(For office use only)

Order#

Rcvd _____ Paid _____ Cash / Check # _____ Sent _____