

**Video Order Form
CDCVideo Events**

Event Name _____

Child's Name _____

Parents Name _____

Full Address _____

Phone _____ Email _____

Qty.	Total
_____ DVD@ \$35.00 ea.	_____

DVD's are recorded on DVD-r format, please be sure your DVD player is compatible with this format. CDC Video will not be responsible for incompatibility issues.

**CDCVideo
4135 Valentine Rd
Whitmore Lake, Mi. 48189**

Please make checks payable to: **CDC Video**

A processing fee of \$20.00 will be added for any returned check

Please allow 6-8 weeks for DVD to be available

Office Use: Check #/Cash _____ Amount _____
