

ORDER FORM FOR RECORDINGS OF MUSICAL CLUB OF HARTFORD PROGRAMS

DATE OF PROGRAM: _____ DATE OF ORDER: _____

OF CDs WANTED: _____ TOTAL ENCLOSED: \$ _____ PAID BY: CHECK ___ CASH ___

PLEASE SEND CD TO: _____

ELECTRONIC FILES WANTED (Check desired file format): .WAV _____ .MP3 _____

This order form must be accompanied by a check for \$10.00 per CD requested. (No *additional* charge for electronic files.) Please make checks payable to THE MUSICAL CLUB OF HARTFORD, INC. CDs will be mailed to you when they have been copied from our master.

Send your request for CDs to: Michelle Duffy
22 Kirkwood Rd.
West Hartford, CT 06117-2829

For Office Use Only

DATE ORDER RECVD: _____ DATE MONEY RECVD: _____ DATE WM/JD NOTIFIED _____

DATE CD DELIVRD: _____ CD DELIVRD BY: MAIL ___ HAND ___