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 ___