ORDER FORM FOR RECORDINGS OF MUSICAL CLUB OF HARTFORD PROGRAMS

DATE OF PROGRAM: ________________ DATE OF ORDER: ________________

# OF RECORDINGS WANTED: ____________ TOTAL ENCLOSED: $__________ PAID BY: CHECK ___ CASH ___

PLEASE SEND TO:
NAME: ___________________________________________
ADDRESS: _________________________________________
EMAIL: ___________________________________________

FORMAT(S) DESIRED: (check all desired) CD_____ DIGITAL: .WAV_____ .MP3_____ 

This order form must be accompanied by a check for $10.00 per recording requested. Please make checks payable to THE MUSICAL CLUB OF HARTFORD, INC. CDs will be delivered to you at programs or via postal mail. Digital files will be sent to your email address.

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

For questions about digital recordings, please contact David Schonfeld at
dschonfeld@fastmail.fm

For Office Use Only

DATE ORDER RECEIVED: ______________ DATE MONEY RECEIVED: ______________ DATE LT/JD NOTIFIED ___________

DATE CD DELIVERED: ______________ BY: MAIL ___ HAND ___ / DATE DIGITAL RECORDING SENT ___________