

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 RECVD: _____ DATE MONEY RECVD: _____ DATE LT/JD NOTIFIED _____

DATE CD DELIVRD: _____ BY: MAIL ___ HAND ___ / DATE DIGITAL RECORDING SENT _____