

DVD ORDER FORM

Child's Name: _____

Phone #: _____

Address: _____

Email: _____

of DVDs _____ @ \$35 each = Total Due \$ _____

Order forms must be received by **April 2** with total amount due and this order form. Please make checks payable to BCCT. Place the form and check in the basket at Stages in an envelope with DVD order on the outside. No order will be accepted with out the form and payment.

Orders can also be mailed to

BCCT, 270 Chambers Bridge Road, Unit 11, Brick, NJ 08723

DVDs will be ready in approximately 6-8 weeks. You will be notified by Email when the DVDs can be picked up.