



DVD ORDER FORM

Child's Name: _____ Phone #: _____

Address: _____ Email: _____

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

Order forms must be received by July 31 with total amount due and this order form. Please make checks payable to BCCT. Give the form and payment in an envelope marked "DVD order" on the outside to Kendra during tech week. No order will be accepted with out the form and payment.

Orders can also be mailed to:

BCCT, 270 Chambers Bridge Road, #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.