

WTV DVD Order Form
(PLEASE PRINT)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Event or Show Requested: _____

Date of Event or Show Requested: _____

DVD Quantity
_____ x \$20 = _____

(Shipping included in prices)

Total = _____

(Make check payable to WVHS)

<u>Office Only</u>	
Check #	_____
Cash	_____

Mail To:
Waubonsie Valley High School
c/o WTV
2590 Ogden Avenue
Aurora, IL 60504