



Program Order Form

Shipping Address

Dates

Name _____

Placed _____

Address _____

Notified _____

City _____ State _____ Zip _____

Delivered _____

E-mail _____ Phone _____

Format	Show	Quantity	Price with tax+S&H	Extended
DVD			\$ 20.00	

Please make checks payable to
WCS Send completed form with
 payment to:

Total

WCS
 Duplication Dept.
 One University Drive
 Sheboygan, WI 53081