

**Silhouette – Art on Video**  
recital video order form

P.O. Box 11052 Albany, NY 12211  
Phone (518) 464-4111 Fax (518) 464-0364



**Customer Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**\*\*Payment must accompany order request.\*\***

**\*\*\*Order request may take up to one week to process.\*\*\***

**Order Information**

Today's Date: \_\_\_\_\_

Recital Title, Date, and Time:  
\_\_\_\_\_

**PRE-ORDER (DUE 7 DAYS PRIOR TO RECITAL DATE)**

DVD (\$20.00 each) \_\_\_\_\_ qty. \$ \_\_\_\_\_

Blu-Ray (\$30.00 each) \_\_\_\_\_ qty. \$ \_\_\_\_\_

**POST-ORDER**

DVD (\$25 each) \_\_\_\_\_ qty. \$ \_\_\_\_\_

DVD (\$25.00 each) \_\_\_\_\_ qty. \$ \_\_\_\_\_

Blu-Ray (\$35.00 each) \_\_\_\_\_ qty. \$ \_\_\_\_\_

**Method of Payment**

Cash

Check (No. \_\_\_\_\_)

*(Please make check payable to Brett Wasserman.)*

**Multi Media Use Only:**

Payment Rec'd By: \_\_\_\_\_ Total: \$ \_\_\_\_\_

Item(s) Issue Date: \_\_\_\_\_

Payment Rec'd By: \_\_\_\_\_

-----bottom to customer / top to media-----

Cash

Check (No. \_\_\_\_\_)

*(Please make check payable to Brett Wasserman.)*

**Multi Media Use Only:**

Total: \$ \_\_\_\_\_ Total item(s) ordered: \_\_\_\_\_

Pick up date: \_\_\_\_\_

Payment Rec'd By: \_\_\_\_\_