

COMPACT DISC ORDER FORM



Indicate Which Recording you would like:

Name of LHS Choral Ensemble: _____

Date of LHS Concert: _____

LHS Concert Venue: _____

Name _____

Address _____

City, St., Zip _____

Number of CD's _____ Total \$ _____

Please Mail this form, with a check made payable to David
Henderson:

David Henderson
3844 Old Tates Creek Ct.
Lexington, KY 40517