

COMPETITION DVD ORDER FORM

HALL OF FAME *Dance Challenge*

OFFICE USE ONLY

ORDER # _____

DATE SENT _____

COMPETITION CITY _____ COMPETITION DATE _____

ORDERS WILL NOT BE FILLED UNLESS ALL NECESSARY SIGNATURES ARE BELOW

REQUIRED IF ORDERING ANY SOLOS

PARENT/GUARDIAN NAME _____

REQUIRED IF ORDERING ANY DUETS, TRIOS, GROUPS, ETC

TEACHER NAME _____

PARENT/GUARDIAN SIGNATURE _____ TEACHER SIGNATURE _____

Note: We require a teacher's signature to release choreography for any duets, trios, and groups for the protection of the choreographer.

Please indicate below where you want your DVD(s) mailed.

Note: Orders shipped outside of USA will be sent to the studio

NAME _____ ADDRESS _____
 CITY _____ STATE _____ ZIP _____ PHONE _____
 EMAIL _____

All routines will appear on the same DVD
 Please refer to the competition program for assigned numbers.
 DO NOT use numbers from schedules printed online.

Studio Name _____

Routine/Song Name	Assigned Number From Program	Cost Per Dance
1. _____	_____	\$30
2. _____	_____	\$15
3. _____	_____	\$15
4. _____	_____	\$15
5. _____	_____	\$15
6. _____	_____	\$10
7. _____	_____	\$10
8. _____	_____	\$10
9. _____	_____	\$10
10. _____	_____	\$10

ADDITIONAL COPIES OF
 YOUR DVD ORDER ARE
 AVAILABLE FOR \$20 EACH*
*(5 COPIES MAX PER ORDER)

PLEASE FILL IN ADDITIONAL
 DVD QUANTITY DESIRED: _____

Sub-Total _____

SHIPPING AND HANDLING: \$5

GRAND TOTAL : _____

**PRINT DANCER(S) NAME(S) BELOW
 TO BE PRINTED ON THE DVD FOR CUSTOMIZATION**

**ASK ABOUT OUR DISCOUNT
 IF YOU ARE ALSO ORDERING PHOTOS**

Note: To qualify for a discount, photos and videos
 must be purchased at the same time at the competition

Please allow 4 to 6 weeks for delivery.

Make checks payable to:

Hall of Fame Dance Challenge

Mail order form to:

Hall of Fame Dance Challenge

Attn: Video

49145 Wixom Tech Drive

Wixom, MI 48393

Please contact us with any questions or concerns.

Phone: 248.668.8151 Ext. 14

Fax: 248.668.8153

Email: video@halloffamedance.com

All orders must be received by
 December 31, 2012

METHODS OF PAYMENT (Check all that apply):

CHECK _____ Check # _____

CASH _____

Credit/Debit _____

Please fill out all information below if paying by Credit/Debit.

Full Name on Credit Card: _____

Credit Card Number: _____

If card is American Express, 4-Digit Code on front: _____

Credit Card Expiration: _____ Billing Zip Code: _____

Credit Card Type (circle one): Visa - Mastercard - American Express - Discover