

DVD DUB REQUEST FORM (ALL ORDERS MUST BE PREPAID)

If you would like a copy of any program or video cablecast by Belmont Media Center, please complete this form and return with payment.

NO charge for Town/School departments (Internal use)

\$20 per DVD / Blu-ray / Digital File - Non-Member Rate

\$10 per DVD / Blu-ray / Digital File - BMC Member Rate

FREE - BMC Member DIY Rate | You provide DVD blanks / 10 copy limit (Please see BMC staff)

Name:______ Date:_____

Phone | Day: _____ Eve.: _____

Organization:_____

REQUESTER INFORMATION:

Email address:

St	reet/Mailing Address:					- 1
Ci	ty:		State: Zi	p:		
giv	ROGRAM INFORMATION: Check yen his/her permission for copie ust contact the producer and ha	es to be ma	ade. If the Produc	cer has not given pe	ermission, yo	
Title of Program:			Producer's Signature	Length:	# dubs	FORMAT
1						
2						
3						
		For Office Use Only Received by - Date:		Total Due:		
				Total Received:		

Completed by:_____ Date: _____

Picked up by:_____ Date:____