



DVD Order Form

First Name	Last Name
Home	Cell Phone
E-mail Address	
SHIPPING ADDRESS #1 – <i>(all orders will be mailed, shipping address is required)</i>	
Name _____	
Address _____	
City _____	State _____ Zip _____
SHIPPING ADDRESS #2	
Name _____	
Address _____	
City _____	State _____ Zip _____

DVD _____ X \$22 = _____

USB _____ X \$26 = _____

Payment must accompany all orders.

Please make checks payable to WI Creative Arts

Please send this order form and check to:

West Islip Creative Arts
PO Box 338
West Islip, NY 11795

Questions please contact Marcelle@WestIslipCreativeArts.org

www.WestIslipCreativeArts.org

