



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 = _____

Payment must accompany all orders.

Paid BY: CASH / CHECK No. _____

Please make checks payable to WI Creative Arts

Mail order form and check or Money order to

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

Questions please contact Marcelle@WestIslipCreativeArts.org

www.WestIslipCreativeArts.org

