



DUBBING REQUEST FORM

DATE _____

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

SIGNATURE _____

I request a DVD copy of the following Program:

PROGRAM NAME _____

PRODUCER _____

LENGTH OF PROGRAM _____ # OF DUBS _____

PRICE: \$15 FOR 1- 60 MINUTES
\$30 FOR 61-180 MINUTES

AMOUNT PAID \$ _____

ESTIMATED COMPLETION DATE: _____

STAFF SIGNATURE _____

ALL DUBS MUST BE PRE-PAID BY CHECK

Made payable to WETC. Once your check is received, please allow for two weeks to process your order. All DVD's will be mailed to the address above.