



Windsor Community Television
Request for Program Copy
or VHS to DVD

Name: _____ Date: _____
 Address: _____
 Phone: Home _____ Cell #: _____
 E-mail: _____

| | |
|--------------------------------|--|
| Program Copy | VHS to DVD |
| Title of Show _____ | Number of copies: _____ |
| Format Information: | 1 st copy \$ _____ each |
| DVD _____ copies | Additional copies \$ _____ each |
| \$ _____ each | VHS to MP4 Flashdrive: |
| MP4 on Flashdrive _____ copies | \$ _____ each flashdrive |
| \$ _____ each | I agree that WIN-TV will not be held responsible for unforeseen breakage or damage of VHS tapes due to age or wear and tear. |
| | _____ Signature |
| | _____ Date |

Below this line for Office use only

Dubbing

Dub Date: _____ Total Time: _____ Dubbed By: _____

Date Customer Notified: _____

Amount Due: _____ Amount Pd: _____

Check #: _____ Pick Up Date: _____