

PRIMETIME
USE ONLY

2009 VIDEO ORDER FORM

SOLD BY

NAME _____ STUDIO AFFILIATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ MOBILE (____) _____ E-MAIL ADDRESS _____

CITY OF COMPETITION _____

RELEASE

I AUTHORIZE PRIMETIME DANCE TO VIDEO TAPE THE LISTED DANCE ROUTINES FOR MY PERSONAL USE ONLY. I UNDERSTAND THAT IMAGES CANNOT BE DUPLICATED DUE TO MACROVISION™ ANTI-PIRACY TECHNOLOGY. I ALSO RELEASE SHOWBIZ NATIONAL TALENT, INC. FROM ANY RESPONSIBILITY REGARDING FUTURE USE. SOLO VIDEOS MAY ONLY BE PURCHASED BY THE PARENT, LEGAL GUARDIAN OR STUDIO DIRECTORS.

DIRECTOR'S SIGNATURE _____ PARENT/LEGAL GUARDIAN SIGNATURE _____

(DUET, TRIO OR GROUP)

(SOLO ONLY)

ROUTINE (SOLO - USE CONTESTANT'S NAME)	ROUTINE #	AGE GROUP 11-12, ETC.	DIVISION SOLO, DUET, GROUP, ETC.	CATEGORY TAP, JAZZ, BALLET, ETC.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

IPOD/MPEG4 VIDEO			DVD PRICING		
QTY	ITEM	TOTAL	QTY	ITEM	TOTAL
	1 ACT @ \$15.00 ^{EA}	\$		1 ACT @ \$25.00 ^{EA}	\$
	2-5 ACTS @ \$10.00 ^{EA}	\$		2-5 ACTS @ \$20.00 ^{EA}	\$
	6-10 ACTS @ \$5.00 ^{EA}	\$		6-10 ACTS @ \$15.00 ^{EA}	\$
				11 & OVER @ \$10.00 ^{EA}	\$
	SHIPPING & HANDLING	\$5.00		SHIPPING & HANDLING	\$5.00
	TOTAL	\$		TOTAL	\$

NO REFUNDS - ALLOW 4-5 WEEKS DELIVERY FOR ALL MAIL ORDERS

PAYMENT METHOD: CHECK MONEY ORDER MASTERCARD VISA

ACCOUNT NUMBER _____ EXP _____

NAME AS IT APPEARS ON CARD _____

SIGNATURE _____

(I AGREE TO PAY ABOVE TOTAL AMOUNT ACCORDING TO CARDHOLDER AGREEMENT)