



Wilmington Community Television, Inc.

10 Waltham Street, Wilmington, MA 01887

Tel: (978)657-4066 Fax: (978)658-7888

On the Web: www.wctv.org

PROGRAM COPY REQUEST FORM

Name:	Today's Date:
Address:	
Phone:	E-Mail:

**PROGRAM COPY PRICES: VHS - \$15 / DVD - \$15
(All proceeds benefit the WCTV Scholarship Fund.)**

Program Title:	VHS:	Total:
	DVD:	Total:
Program Title:	VHS:	Total:
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Program Title:	VHS:	Total:
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Program Title:	VHS:	Total:
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Program Title:	VHS:	Total:
	DVD:	Total:
Program Title:	VHS:	Total:
	DVD:	Total:

(Please allow two weeks for copy completion)

STAFF USE ONLY		
Completed on:	Completed by:	
FORM OF PAYMENT		
Cash - \$	Check # _____ - \$	INITIALS: