

**ORDER FORM FOR RECORDINGS OF MUSICAL CLUB OF HARTFORD PROGRAMS**

DATE OF PROGRAM: \_\_\_\_\_ DATE OF ORDER: \_\_\_\_\_

# OF CDs WANTED: \_\_\_\_\_ TOTAL ENCLOSED: \$ \_\_\_\_\_ PAID BY: CHECK \_\_\_ CASH \_\_\_

PLEASE SEND CD TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This order form must be accompanied by a check for \$10.00 per CD requested.  
Please make checks payable to THE MUSICAL CLUB OF HARTFORD, INC.  
CDs will be mailed to you when they have been copied from our master.

Send your request for CDs to: Michelle Duffy  
22 Kirkwood Rd.  
West Hartford, CT 06117-2829

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For Office Use Only

DATE ORDER RECVD: \_\_\_\_\_ DATE MONEY RECVD: \_\_\_\_\_ DATE WM/JD NOTIFIED \_\_\_\_\_

DATE CD DELIVRD: \_\_\_\_\_ CD DELIVRD BY: MAIL \_\_\_ HAND \_\_\_

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