



P. O. Box 24557, Baltimore, MD 21214 - Phone 410-444-3888  
www.everclearvideo.com

## Video Order form

### MADM Dance Competition, 2025

Custom Videos for Dance competition performance. All order forms need to be signed by dance school for approval when purchasing Videos. Multiple performances can be purchased on a single Video, see price list below. Opening performance will be included at no additional charge.

HD Streaming Delivery with 1 performance \$35.00  
DVD with 1 performance. \$35.00  
Each additional performance add \$10.00

Order Total \_\_\_\_\_ Date \_\_\_\_\_

Number of performances \_\_\_\_\_

☐ DVD ☐ HD Streaming Delivery

Please allow 2 – 4 weeks for delivery of DVD's

#### Example:

1 Performance only - \$35.00      3 - Performances - \$55.00      5 - Performances - \$75.00  
2 Performances - \$45.00      4 - Performances - \$65.00      6 - Performances - \$85.00

#### First Performance

Event Date _____	Performance # _____	Song Title _____	\$35.00 ....	_____
Event Date _____	Performance # _____	Song Title _____	\$10.00 ....	_____
Event Date _____	Performance # _____	Song Title _____	\$10.00 ....	_____
Event Date _____	Performance # _____	Song Title _____	\$10.00 ....	_____
Event Date _____	Performance # _____	Song Title _____	\$10.00 ....	_____
Event Date _____	Performance # _____	Song Title _____	\$10.00 ....	_____
Event Date _____	Performance # _____	Song Title _____	\$10.00 ....	_____

#### Tax

(1)-\$35.00 – 2.10, (2)-\$45.00 – 2.70, (3)-\$55.00 – 3.30, (4)-\$65.00 – 3.90, (5)-\$75.00 – 4.50  
(6)-\$85.00 – 5.10, (7)-\$95.00 – 5.70, (8)-\$105.00 – 6.30, (9)-\$115.00 – 6.90, (10)-\$125.00 – 7.50

Sub Total ..... \_\_\_\_\_

Tax ..... \_\_\_\_\_

Shipping ..... \$6.00

Total ..... \_\_\_\_\_

\*School Code \_\_\_\_\_ \*Dancers Name \_\_\_\_\_

\*Instructor Signature \_\_\_\_\_

\*Required information

*For Streaming Delivery, eMail for delivery is required*

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*Please include email on line above*

(Please Print)

Payment Type: (Check One)

Check \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

H. Phone: \_\_\_\_\_ W. Phone: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

CCV # \_\_\_\_\_ on back of card. Billing Zip Code \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to: **Everclear Video Productions**