



Dub Request Form

PLEASE PRINT

Today's Date: _____

Your Name: _____

Contact Phone # or e-mail: _____
(SCTV will contact you when the copy/copies are ready for pick-up or delivery by mail)

Program Name: _____

Subtitle (if in a series): _____

Support Donation

Please indicate number of copies needed

- | | | |
|---------|-------|---|
| \$35.00 | _____ | DVD |
| \$25.00 | _____ | VHS you provide blank tape |
| \$35.00 | _____ | VHS SCTV provides blank tape |
| \$35.00 | _____ | S-VHS provide special instructions for black or preroll |
| N/C | _____ | Producers Copy - One VHS or DVD copy |
| \$5.00 | _____ | Mailing of tape/DVD at media rate |

Address: _____

City, State, and Zip _____

Your Tax Deductible Donation provides essential support for SCTV.

Not responsible for DVDs/tapes left over 30 days