

Blair Performance Recording Copy Request Form

Name: _____ Date: _____

Email Address (for completion notification):

Performance Information:

Date of Performance: _____

Performance Title: _____

Are you a performer in this recording? ____ Yes ____ No

If no, how are you affiliated with the performance? _____

Order Information:

If you are requesting a **DVD** (\$8 each), please mark down how many copies you would like _____

If you are requesting an **audio recording** (\$5) please submit a USB flash drive along with your payment.

Payment Information:

Please make all checks payable to the **Blair School of Music**.

Place this completed form with your check (& USB flash drive if applicable) in John Sevier's mailbox in the main office at Blair, or mail to:

ATTN: John Sevier
Blair School of Music
2400 Blakemore Avenue
Nashville, TN 37212