

Price List and Additional Information

Date Requested: _____ Starting Time Requested: _____ Finish Time Requested: _____
 Address of Location to be videotaped _____

Due to possible time conflicts, all dates and times will be confirmed before processing this application and fees will either be returned or credited. Prices are subject to change without notice. There must be access 1/2 hr. beforehand to setup and 1/2 hr. afterwards for teardown. See Skater Information Form for additional requirements. CDs and DVDs are billed separately unless otherwise stated.

Skater Information:

This section must be filled in for each skater being video-taped. **Each skater will need a separate information form filled out.** If possible, please indicate skating order or time.

Charges (One hour minimum which can be shared and billed separately)	Price	Number of Sessions/Items	Charge
Program video, per program (includes one CD/DVD)	\$20.00	X _____	= _____
15 minutes (CD/DVD extra)	\$15.00	X _____	= _____
20 minutes (CD/DVD extra)	\$20.00	X _____	= _____
30 minutes (CD/DVD extra)	\$30.00	X _____	= _____
60 minutes (CD/DVD extra)	\$60.00	X _____	= _____
Each CD or DVD	\$10.00	X _____	= _____
4 hour 1/2 day session	\$150.00	X _____	= _____
6 hour day session (can be split for lunch break)	\$240.00	X _____	= _____
8 hour session (two 4 hr. sessions plus hr. break)	\$300.00	X _____	= _____
Travel time (multiples of one hour, over 15 miles)		X _____	= _____
minimum charge	\$30.00		
Overnight travel – (Actual costs and expenses)			= _____
Additional Charges (if discussed previously)		X _____	= _____
Total			_____

Payment Type and Amount: Cash: \$ _____ Check: \$ _____ Check Number # _____ Credit Card \$ _____

Applicant Information: This is the name of the person requesting the computer/video session.

Name: _____ Home Phone: (____) _____ - _____
 Address: _____ Work Phone: (____) _____ - _____
 City _____ State ____ Zip _____ Mobile Phone: (____) _____ - _____
 Email: _____ Fax: (____) _____ - _____
 Signature _____

Credit Card Information.

Please fill in the following information if you want to charge the services to a credit card. Enter the name on the card and address information of the card holder, if different from above.

Name on Card _____	Card Type: VISA MC AMEX DISCOVER
Address of card holder _____	Card Expiration Date: _____
City _____ State ____ Zip _____	Card Number: _____
Email: _____	Signature: _____
Amount to be Charged: _____	Today's Date: _____