



**PHANTOM TV— USB ORDER FORM FOR  
Kimberton Dance Academy  
Recital**

**Date of Event:** \_\_\_\_\_

**USB Recording Charge:** \$25

**Number of USB Copies:** \_\_\_\_\_ **Amount Enclosed:** \_\_\_\_\_

**PURCHASER'S CONTACT INFORMATION**

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

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

\_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Daytime Phone Number:** \_\_\_\_\_

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**Please make checks payable to: *Phoenixville Area School District***

**Phoenixville Area School District  
Attn: Sandra Claus, Community Relations Coordinator  
386 City Line Avenue  
Phoenixville, PA 19460**

**For information: Sandra Claus [clauss@pasd.com](mailto:clauss@pasd.com) or 484-927-5007**