



CD Order Form

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-Mail: _____

of Orchestra CDs @ \$10 each: _____

of Jazz CDs @ \$10 each: _____

Check # and Amount: _____

Concert Date / Name: _____

Delivery Method Preferred (circle one):

Rehearsal

Pick Up at Office

Mail

Orchestra: _____

Please mail form with check payable to CKYO to:

CKYO
161 North Mill Street
Lexington, KY 40507