**Singing Valentine**

**Order Form 2023**

**(please fill this out and send to valentines@capitolchordsmen.org)**

**Order Details**

**Person Ordering Full Name:**

**Person Ordering Phone #:**

**Person Ordering Email:**

**Person Receiving Full Name:**

**Person Receiving Email:**

**Addresss for the performance:**

**Preferred Time of Day:**

**Preferred Quartet:**

**Custom SV Card Message:**

**Person Ordering wishes to be at performance? \_\_\_ No \_\_\_Yes: Phone number to call 30 minutes prior is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment: \_\_\_$40 for 2-3 hour window \_\_\_$60 for 15 minute window**

**Preferred form of payment:**

**\_\_\_ Pay online at** [**www.capitolchordsmen.org**](http://www.capitolchordsmen.org) **(click on Donate)**

**\_\_\_ Mail check to: Capitol Chordsmen PO Box 45375 Madison, WI 53744-5375**