

KSBG-TV Video Order Form

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell: _____ Work: _____

**Please list DVD copies you are requesting, including the number desired.
DVDs are \$10 each.**

Please complete form and submit with payment to:

(Check) Payable to:
San Benito CISD
2115 N. Williams Rd.
San Benito, TX 78586

or come by our office located at Veterans Memorial Academy, 2115 N. Williams Rd.
San Benito, TX 78586. Office hours: 7:30 am – 4:30 pm M-F.

Amount: _____ Video Control #: _____

Form of Payment: Cash Check (# _____)

Rec'd By: _____ Date Rec'd: _____

Date Ordered: _____

**FOR
OFFICE
USE
ONLY**



2115 N. Williams Rd. | San Benito TX 78586 | 956-276-6030