Family Memories Video

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Supplemental Video Edit Project Planner

Use as many supplemental forms as is necessary.

How to submit this form: Type directly in this form, save, and print - or - print the form and handwrite the information in the specified boxes.

Customer Name:	Phone Number:

Clip #	Cass. #	Start Time Code	End Time Code	Video Clip Description	Use audio on tape? *(Yes/No)*	*If using different audio, please describe what audio will be used.*	Comments