

SELLER REGISTRATION FORM - 2nd HAND UNIFORM

			Child/ren:			
Telephone Number/s:			Address:			
Email Address:						
If you wished to	be paid by BACS, please fill i	n the relevant info	rmation:			
	Name on Account:					
	Account Number:					
	Sort Code:					
ITEM DESCRIPTION		SIZE	DATE RECEIVED	PRICE	DATE SOLD	DATE PAID
			Takil			
			Total	£		

50% OF THE PROCEEDS OF THE SALE WILL BE SENT TO THE PERSON NAMED ABOVE.
THE REMAINING 50% WILL BE DONATED TO THE PTA.