

Gosfield School

Nearly New Uniform Contact and Summary Details

Please bring this completed form with you or enclose in the bag when delivering items to sell.

Pupils Surname:

Pupils First Name:

Pupils Year Group / Form:

Parent Name:

Contact Number:

Email Address:

Please sell the following items which I have delivered, which I understand that Gosfield School or The School PTA are not responsible for any lost or damaged items.

****I would like to receive 50% of the sale proceeds and a cheque payable to**

****I would like to donate all the proceeds to the PTA**

****Please delete as appropriate**

Item	Description	Size / Age	Quantity	PTA SALE RECORDS		
				Selling Price £	50% Payment Made	How Payment made / date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
TOTAL NUMBER OF ITEMS RECEIVED				£ TOTAL PAID		

PARENTS SIGNATURE:

DATE: