

Name:

Phone Number:

TOTAL NUMBER OF ITEMS FOR SALE:

Item No.	Garment type:	Male	Female	Unisex	Size	Cost
1 of						\$
2 of						\$
3 of						\$
4 of						\$
5 of						\$
6 of						\$
7 of						\$
8 of						\$
9 of						\$
10 of						\$
11 of						\$
12 of						\$
13 of						\$
14 of						\$
15 of						\$
16 of						\$
17 of						\$
18 of						\$
19 of						\$
20 of						\$
21 of						\$
22 of						\$
23 of						\$
24 of						\$
25 of						\$
26 of						\$
27 of						\$
28 of						\$
29 of						\$
30 of						\$
						\$

Every item must have an item number. Attach a label to each item.

Please ensure garments are in good order. The School have the right to refuse any items they see unfit for resale

ALL FORMS & TAGS ARE TO BE COMPLETED BY THE SELLER.

Item No. must correspond with tag attached to garment

eg:

1 of 26	Blouse		x		14	\$ 12.00
2 of 26	Vest			x	85	\$ 30.00

SIZE:	PRICE:
<i>(Please Tick item)</i>	
<input type="checkbox"/> Girls Blouse	<input type="checkbox"/> Boys Shirt
<input type="checkbox"/> Girls Skirt	<input type="checkbox"/> Boys Dress Short
<input type="checkbox"/> Girls Tie	<input type="checkbox"/> Boys Tie
<input type="checkbox"/> Girls Socks	<input type="checkbox"/> Boys Socks
<input type="checkbox"/> Girls PE Short	<input type="checkbox"/> Boys PE Short
<input type="checkbox"/> Jacket	<input type="checkbox"/> PE Shirt
<input type="checkbox"/> Vest	<input type="checkbox"/> Shoes/Apron
<input type="checkbox"/> Pullover	<input type="checkbox"/> Hat
<i>Item numbers must correspond with summary sheet</i>	
ITEM NOS:	
NAME:	

SIZE:	PRICE:
<i>(Please Tick item)</i>	
<input type="checkbox"/> Girls Blouse	<input type="checkbox"/> Boys Shirt
<input type="checkbox"/> Girls Skirt	<input type="checkbox"/> Boys Dress Short
<input type="checkbox"/> Girls Tie	<input type="checkbox"/> Boys Tie
<input type="checkbox"/> Girls Socks	<input type="checkbox"/> Boys Socks
<input type="checkbox"/> Girls PE Short	<input type="checkbox"/> Boys PE Short
<input type="checkbox"/> Jacket	<input type="checkbox"/> PE Shirt
<input type="checkbox"/> Vest	<input type="checkbox"/> Shoes/Apron
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<i>(Please Tick item)</i>	
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<input type="checkbox"/> Girls Skirt	<input type="checkbox"/> Boys Dress Short
<input type="checkbox"/> Girls Tie	<input type="checkbox"/> Boys Tie
<input type="checkbox"/> Girls Socks	<input type="checkbox"/> Boys Socks
<input type="checkbox"/> Girls PE short	<input type="checkbox"/> Boys PE short
<input type="checkbox"/> Jacket	<input type="checkbox"/> PE Shirt
<input type="checkbox"/> Vest	<input type="checkbox"/> Shoes/Apron
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<input type="checkbox"/> Girls PE Short	<input type="checkbox"/> Boys PE Short
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<input type="checkbox"/> Girls Socks	<input type="checkbox"/> Boys Socks
<input type="checkbox"/> Girls PESshort	<input type="checkbox"/> Boys PE short
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