**SECOND HAND BOOKS FOR SALE**

STUDENTS’ SURNAME: ........................................................................................

FIRST NAME: ..........................................................................................................

SIGNATURE OF STUDENT: ..............................................PH................................

 HOME GROUP: ............... NUMBER OF BOOKS FOR SALE:

\_\_\_\_\_\_\_\_\_PA Initials

* This form must be completed **prior** to handing books in.
* The **name and home group on this form** must **match** that on the **book labels**.
* Attach label top and bottom only to front of book with **sticky tape.**
* To **donate** unsold books to Student Welfare place **‘tick’** on **this form** **and** **book labels**.

Please note that the Parents Association receives 20% of all Sales.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Book Title** | **Sale** **Price** | **CD****Incl.** | **Return if Unsold** | **PA****Rec’d** |
| **Yes** | **No** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
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| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| 15. |  |  |  |  |  |
| 16. |  |  |  |  |  |
| 17. |  |  |  |  |  |
| **Office Use Only** | No of books sold | No of books donated | No of books to be returned |