

FATHER’S/SPECIAL PERSONS DAY STALL

Friday 2nd September



$6 Per Gift

Please complete form and return to your child’s grade by Monday 29th August

…………………………………………………………………………

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_

Total Number of Gifts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

…………………………………………………………………………

Are you able to help on the day (Please circle)

 No, Sorry I can’t help on the day Yes, I can help

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_