



All Saints' College  
Uniform Shop  
Second Hand Clothing

Please complete this form each time items are left  
for re-sale at the Uniform Shop.

(Please Print)

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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I wish to be phoned on the above number and I will collect  
items unsuitable for re-sale.

**YES / NO**

I have read and accept the conditions of sale of Second  
Hand Clothing.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_