<b>Date Received</b>	/	/	
Date Neceived		/	

### Seller # \_

## **OLA PA Uniform Shop Submission Form**



#### PLEASE LIST YOUR ITEMS ON THE BACK OF THIS FORM

I would like to donate all proceeds to the OLA Parents Association (please circle)			Yes / No					
If no, please complete	the rest o	of this form	n:					
Name								
Email								
Bank Details								
Name (exactly as it is registered with bank)								
Sort Code		-			-			
Account Number								
Any additional notes or comments on this submission								
I understand and agree t  OLA PA will donate current uniform s  Sales share paym I confirm that all the iten	te any clo upplier(s ents are	s), or not of made in M	a quali ay and I	ty tha	t they a	are abl	e to se	
have access to those files	ems of n and det is availab	ny clothing ails for the ole on the s	are solo	d. The e of m	OLA Paraking	A Trea payme	surer 8 nts and	tion keeping my details & Uniform Shop Manager will d will comply with the OLA Il my items are sold the OLA
Signature								
Date								

Date Received		/ /	/
Date Neccived	/	/	

### Seller # \_\_\_\_\_

# **OLA PA Uniform Shop Submission Form**



Item	Size	Shop Use