



PLEASE COMPLETE SALE SLIPS AND ATTACH BOTH TO YOUR GARMENT(S)

The first will be returned to you as your receipt the second will be used by CPNC accounts team.



| | | | | |
|--------------------|-----------------------------------|------------------------|--------------------------|--|
| Parent Name | (PLEASE WRITE IN CAPITAL LETTERS) | | | |
| Mobile No. | | | | |
| Item | (PLEASE WRITE IN CAPITAL LETTERS) | | | |
| Size | | | | |
| Price | Selling Price £ | Less 20% Donation £ | Money due to Seller £ | I would like to donate the whole amount to CPNC. (Circle box appropriate) |

| | | | | |
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| Mobile No. | | | | |
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