PLEASE COMPLETE IN FULL THE FOLLOWING INFORMATION AND RETURN TO THE MAIN SCHOOL OFFICE – ALL PRIZES ARE PAID BY POST.

I / we wish to purchas	se share/s at £10.00 each per year, until further notice.
NAME (block cap	itals please)
ADDRESS	
TELEPHONE NO)
DAUGHTER'S FI	RST NAME CLASS
For Office use	only: SHARE NO/S ALLOCATED
BANKERS ORDER	FORM CONTRACTOR CONTRA
BANK NAME	
BANK ADDRESS	
POST CODE	
A/C NUMBER	SORT CODE
For Office/Bank use	e only: STANDING ORDER REF
Please pay Sutton C	oldfield Grammar School for Girls Parents Association 150 Club
Account Number	
Sort Code Bank Name	20-84-13 Barclays Bank plc, 166 The Parade The Mall Shopping Centre Sutton Coldfield West Midlands B72 1PH
month and year) and	on the 1 st day of(<i>enter</i> I afterwards on the first day of September 2015 and the same g year until further notice.
YOUR NAME	
YOUR ADDRESS	
	······································
DATE	SIGNATURE