



Saturday November 7th 11:00am - 1:00pm

Kid's Market Registration Form

Child's Name and Rm Number _____

Adult Contact _____

Address _____

Phone _____

Cellphone _____

Email _____

Please give a brief description of your stall if known - this will help us with promotion

I have read and understood the attached terms and conditions for market day.

Parent/Caregiver Signature _____ Date _____

PAYMENT

The full \$5 payment must be made with this registration

Cash

Cheque Please make cheques out to "St Albans School PTA"

Eftpos Available at School Office

Registration forms with payments can be deposited in the drop box at the school office

Please label your envelope "Market Day"

Office Use Only

Date Registration received _____ Booking Number _____