

SCHOOL LOTTERY MEMBERSHIP

Full Name

Name of Children in School and School Year

Telephone no. _____

Email address _____

Postal address (to which winnings will be sent if you are unavailable on the playground)

No. of numbers required _____

I am happy to be allocated a random number _____ (please tick)

or

My Preferred Number(s) _____ (subject to availability)

Total Amount Enclosed _£_____

I/we understand that a sum of £2 per month to be paid annually by cash or cheque is required to retain my membership of the St Augustines School lottery.

I confirm I have read and understood the rules of the School Lottery.

Signature _____

Date: _____