|  |  |
| --- | --- |
| **NAME OF SCHOOL** |  |
| **ADDRESS** |  | **POST CODE** |  |
| **TEL NO** |  | **E-MAIL** |  |
| **SCHOOL ROLL** |  | **CONTACT PERSON** |  |
| **PREFERRED FIRST START TIME (between 1015 and 1230 hours)** |  |

|  |  |
| --- | --- |
| **COURSE ENTERED** | **NUMBER OF PUPILS ENTERED** |
| **P5/6 GIRLS** |  |
| **P5/6 BOYS** |  |
| **P7 GIRLS** |  |
| **P7 BOYS** |  |
| **S1 GIRLS** |  |
| **S1 BOYS** |  |
| **S2 GIRLS** |  |
| **S2 BOYS** |  |
| **S3 GIRLS** |  |
| **S3 BOYS** |  |
| **S4 GIRLS** |  |
| **S4 BOYS** |  |
| **S5/6 GIRLS** |  |
| **S5/6 BOYS** |  |
| **TOTAL NO OF ENTRIES\*** |  |
| **TOTAL NO OF ENTRIES\* TIMES £2.00 ENTRY FEE PER PUPIL** | **£** |
| **ADD REGISTRATION FEE** | **£5.00** |
| **TOTAL PAYABLE** | **£** |

 (Cheques should be made payable to SSOA)

All of the pupils entered are pupils of the roll of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School.

HEAD TEACHER’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return this form and your cheque to SSOA, 7 St Ninians, LANARK, ML11 7HX by 23 May 2017Email the entry form with names and courses to: info@ssoa.org.uk by 23 May 2017**