

PCHS Used Textbook Sale Master List

Student Name: _____

Parent/Guardian Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

I have read and agree to the Disclosure Statement. (Initial) _____

****I give permission to the Book Sale Committee to dispose of any of my books for me that I turn in but PCHS no longer uses. I understand that I will not be reimbursed for these books. (If no signature we assume you will pick up these books.)**

(Please sign) _____

*****Checks will be made payable to the parent listed above unless otherwise authorized by the parent. Check here if an International Student.** _____

Book Title:

Checked in By:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Pick up unsold books on August 8 from 10:00-12:00 OR August 13 from 6:00-8:00!!!!!!!