

# PHOTOCOPY ORDER FORM

DATE COPIES NEEDED:

COMPLETED

NAME (IN CAPITALS) \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS FOR SENDING (if applicable) \_\_\_\_\_

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**I declare that:**

- a) I have not previously been supplied with a copy of this material.
- b) I will not use the copy except for research or private study.
- c) To the best of my knowledge no other person with whom I work or study has made at the present time a request for substantially the same material for the same purpose.

**If this declaration is false I shall be liable for infringement of copyright as if I had made the copy myself.**

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TITLE OF VOLUME (FOR PHOTOGRAPHS NAME AND DATE OF PLAY – KEEP PHOTOGRAPHS REQUESTED SEPARATE)	Page No.s / Photo Quantities	STAFF USE
<p>Paid £1.00 <input type="checkbox"/> deposit, non-returnable.</p>		<p>@ 40p</p> <p>@ 20p</p> <p>@ 15p</p>

STAFF USE ONLY		COST	
TO BE COLLECTED/SENT	PAID BY CASH/CHEQUE/CREDIT CARD/INVOICE	POSTAGE	
DATE OF POSTING:	RECEIPT NO.	TOTAL	
ORDER TAKEN BY:	RETURN TO:	DATE PAID	

PLEASE MAKE CHEQUES PAYABLE TO: THE SHAKESPEARE BIRTHPLACE TRUST