ENTRY FORM		
	STAGE .	
Date:	Entry Form Number: E	
Depositor's Name: Address: Post Code: Telephone:		
Owner's Name: (if different) Address: Post Code: Telephone:	Copyright Holder: Address: Post Code: Telephone:	(if different)
Name of Item(s)	Description and	History
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Please continue on another form if required		
Terms of Deposit: OFFER OF OTHER (specify): Return Date (if a loan or an engu	TOURS	R FOR PURCHASE price £
Depositor: I have checked the details on this form and agree that they are correct. I also accept the conditions overleaf.		
Signed: Date:		
Museum Recipient: I accept the	bove items on behalf of the Museum.	
Signed:		Date:
Item(s) Retained: Yes No In Part Accession Number(s):		
Letter of acceptance sent by: Date:		
Item(s) Deposited: I acknowledge that the above group has been given to the museum and I transfer ownership. Signed: Date:		
Item(s) Returned: I acknowledge that the above group has been returned to me in a satisfactory condition.		
Signed: Date:		
Museum Copy		