



GIRL GUIDES OF CANADA – ALBERTA COUNCIL

Crest/Logo Approval

1. Contact Name: _____

Address: _____

Phone: _____ Email: _____

2. Committee/Council: _____

3. Approval needed by

Day _____ Month _____ Year _____

4. Additional Comments/Information: _____

5. Please insert crest here or attach on a separate sheet.

FeedBack/Suggestions: _____

Approval Date: _____ Approval Signature: _____

Girl Guides of Canada – Alberta Council
Deputy Provincial Commissioner

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