



Girl Guides of Canada District Cookie Order Form

** mandatory information needed to place order*

* Campaign Spring Fall

* Province/Territory: _____

BADAMEC 03-4-10 4:56 PM

Deleted: Date:

Area: _____

Division: _____

* District: _____

* Number of Cases Ordered (Minimum Order 20 cases): _____

* Name of Person Accepting Delivery at Drop Off Location: _____

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* Delivery Street Address: _____

Name of Company/Centre (if delivery not at a house): _____

* Delivery City/Town/Village: _____

* Delivery Province: _____

* Delivery Postal Code: _____

* Home Phone: _____

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Work/Other Phone (if applicable): _____

Ext. _____

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Deleted: available):

E-mail (if available): *Note: e-mail address will assist with communication of delivery date information.*

E-mail address is not mandatory for the District level.

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Deleted:):

* Delivery Day Emergency Contact Name: _____

* Delivery Day Emergency Contact Home Phone: _____

Delivery Day Emergency Contact Work/Other Phone: _____

Ext. _____

* Delivery of Cookies is to: Home

Hours of Operation: _____

Hours of Operation not applicable. Delivery date will be automatically determined by delivery schedule.

School

Hours of Operation: _____

Community Centre

Hours of Operation: _____

Warehouse

Hours of Operation: _____

Office

Hours of Operation: _____

Guide House/Guide Office

Hours of Operation: _____

Church

Hours of Operation: _____

Other

Hours of Operation: _____

Additional directions to delivery point (if necessary): _____

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