## Saskatchewan Council Girl Guides of Canada-Guides du Canada

## **Provincial Cookie Fundraising Incentive – Request Form**

Section A			iMIC #-
Contact Person: City/Town:		iMIS #:	
Address:	City/Town:		Postal Code:
Phone Numbers: Home:	Work:	Cell:	
E-mail:			
Section B  Please indicate if you are applying  Individual (if different that Name:	in above)		iMIS #:
Branch Level:			Unit:
Group/Unit			
I	e:		iMIS #:
Branch Level:			Number of girls in Group/Unit:
SG.8 has been approved  OR  Event  Name of Event:		Location of I	Event:
<b>Section D</b> Please indicate which cookie camp	paign you are requesting funds	s for:	
REMEMBER:			
			are requesting funding for. Girl(s) will receive minimum (on the fourth case and above).
Please submit Provincial Cook no later than December 15.	cie Fundraising Incentive - Tro	acking Sheet within	one month after cookie sales are complete but
Campaign (i.e. Classic Cookies 20:	12):		
Estimated # of cases to be sold: Estimated # of cases to receive subsidy for (above minimum):			
Section E—Office Use Only			
Request approved by:			Date: