**GGC-QC Cookie Ribbon Order Form**

**Campaign:**

* Spring
* Fall
* 2013
* 2014

|  |  |
| --- | --- |
| Name of Unit: |  |
| Name of Guider submitting request: |  |
| iMIS number: |  |
| Please send cookie prizes to: |  |
| Full name: |  |
| Street address (including Apt. #): |  |
| City: |  |
| Postal Code: |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Girl’s Name\*** | **iMIS #\*** | **# boxes sold\*** | **Previous total** | **Last crest received** | **Grand total\*\*** | **Prizes\*\*** |
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\*Mandatory Fields

\*\*For office use; if you have this information, please include it to ensure consistency. In the case of discrepancy you will be contacted.

Please send completed forms to [cookies.biscuits@guidesquebec.ca](mailto:cookies.biscuits@guidesquebec.ca)