Girl Guides of Canada
Guides du Canada

Girl Guide Cookies
A great recipe for growing girls

DISTRICT COOKIE ORDER FORM

* **represent mandatory fields required to place cookie order online**

***Campaign Information:** ☐ Spring ☐ Fall Year _____

***Order and Delivery Information:**
*Province _____
Area _____
Division _____
*District _____

***Number of Cases Ordered** (20 case minimum): _____

If delivery information is identical to last year's campaign delivery information, check this box. ☐
By checking this box, there is no need to complete the delivery information. Verify all information is identical before checking the box.

*Name of Cookie Receiver: _____

*Delivery Street Address line 1: _____

Delivery Street Address line 2 (if necessary): _____

Name of Company/Other (if not a house): _____

*Delivery City/Town/Village: _____

*Delivery Province/Territory: _____

*Delivery Postal Code (A1A 1A1): _____

*Home Phone (999-999-9999): _____

Work/Other Phone (if available): _____ Extension: _____

Email of Cookie Receiver (if available): _____

*Delivery Day Emergency Contact Name: _____

*Delivery Day Emergency Contact Home Phone: _____

Delivery Day Emergency Contact Work/Other Phone (if available): _____ Extension: _____

*Delivery location:

	Hours of Operation
☐ Home	*Not applicable*
☐ School	_____
☐ Community Centre	_____
☐ Warehouse	_____
☐ Office	_____
☐ Guide House/Office	_____
☐ Church	_____
☐ Other	_____ ☐_____

*Pallet Needed at Delivery Location? (*for Ontario deliveries ONLY*): ☐ Yes ☐ No

Directions to Delivery Point or Special Instructions: _____

_____

_____

Revised – Fall 2005

Confirmation Code (Order #):