

APPLICATION FOR TROOP/GROUP COOKIE BOOTH SALE

Service unit: <input type="checkbox"/> Dsy <input type="checkbox"/> Br <input type="checkbox"/> Jr <input type="checkbox"/> Cad <input type="checkbox"/> Sen <input type="checkbox"/> Amb		Troop number:	
Leader's name:		Number of girls selling cookies:	
Address:		Phone:	
City:	State:	Zip:	
Cookie manager's name:	Phone:	Cell Phone:	
Location of booth sale:			
Day and date of booth sale:		Beginning and ending times:	

We will adhere to Girl Scouts of Virginia Skyline Council policies on troop money earning and to the requirements pertaining to cookie booths as outlined in the Troop Cookie Manager Plan Book.

Leader's signature: _____ Date: _____

- Permission IS granted to Troop ____ to conduct a cookie booth sale at the date, place, and time stated above.
- Permission IS NOT granted to Troop ____ to conduct a cookie booth sale at the date, place, and time stated above.

Service unit manager or designated cookie booth approver:

Signature: _____ Date: _____

Do not separate copies until this form has been signed by either the service unit manager or the designated cookie booth approver. After permission has been granted, give the **white** copy to the service unit manager and the **yellow** copy to the cookie cupboard manager. The troop keeps the pink copy.

The chart below is to be completed after the cookie booth sale. Keep this copy in the troop/group records.

Cookies	Started With:		Additional Cases	Ended With:		Number Sold:	
	Cases	Boxes		Cases	Boxes	Cases	Boxes
Thanks-A-Lots							
Shout Outs!							
Lemonades							
Shortbread							
Thin Mints							
Peanut Butter Patties							
Caramel deLites							
Peanut Butter Sandwich							
TOTAL SOLD							

Comments: (weather conditions, location, etc.):
