



Girl Guides
of Canada
Guides
du Canada

Girl Guides of Canada District Cookie Order Form

** mandatory information needed to place order*

* Campaign Spring Fall

*Province/Territory: _____

Area: _____

Division: _____

*District: _____

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

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

*Delivery Street Address: _____

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

*Delivery City/Town/Village: _____

*Delivery Province: _____

*Delivery Postal Code: _____

*Home Phone: _____

Work/Other Phone (if applicable): _____ Ext. _____

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.* _____

*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): _____