



2012 Cookie Booth Reservation Form

Troop Cookie Coordinator's Name _____ Troop# _____

Day Phone # _____ Cell Phone # _____

Email Address _____

We plan to participate in a Cookie Booth. Please reserve cookies for:

Store/Location Name _____

Address _____ City _____ State ____ Zip _____

Booth Sale Date _____

Start Time _____ End Time _____

Would you like your Cookie Booth listed on our website? Yes ___ No ___

(Only the store name and location will be provided on the website.)

Comments or Special Instructions _____

Return this form to your service center or cookie cupboard coordinator at least one week prior to your Cookie Booth. Cookie Booth quantities will be based on your store location and the week you will be holding your Cookie Booth.

Unsold cookies must be returned the next business day following the Cookie Booth sale. If the unsold cookies are not returned by that date the troop is financially responsible for all the cookies taken out.

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