2022 Girl Scout Cookie Program Booth Agreement

We are happy to provide an area at our facility to support the local Girl Scout Cookie Program.

Store Name		
Store Address		
City		
Phone ()		
Email		
Store Manager making the approval		

Store contact during cookie season _____

The following are the dates and times on which Girl Scouts of Ohio's Heartland proposes to conduct cookie booths. Please place a check mark in the Approved column next to the dates and times that are approved.

Date	Booth Start Time	Booth End Time	Approved	Date	Booth Start Time	Booth End Time	Approved

□ No Girl Scout booths can be approved at this location. REASON: ______

Set up booth: _____ Inside store _____ Outside store

Please specify where you would like troops to set up the Girl Scout Cookie Booth and any further instructions for them (i.e.: will anything be provided, etc.)

Acknowledgement

Signature of Representative of Girl Scouts

Printed Name of Representative of Girl Scouts

Email of Representative of Girl Scouts

Phone # of Representative of Girl Scouts

Signature of Representative of Business

Printed Name of Representative of Business