

2024 Self-Scheduled Cookie Authorization Form

Business _____ Store # _____ Phone _____

Address _____ City _____ State _____ Zip _____

Please check the days and write in the times booth are permitted in front of your store.

WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6
<input type="checkbox"/> Monday 1/15 to	<input type="checkbox"/> Monday 1/22 to	<input type="checkbox"/> Monday 1/29 to	<input type="checkbox"/> Monday 2/5 to	<input type="checkbox"/> Monday 2/12 to	<input type="checkbox"/> Monday 2/19 to
<input type="checkbox"/> Tuesday 1/16 to	<input type="checkbox"/> Tuesday 1/23 to	<input type="checkbox"/> Tuesday 1/30 to	<input type="checkbox"/> Tuesday 2/6 to	<input type="checkbox"/> Tuesday 2/13 to	<input type="checkbox"/> Tuesday 2/20 to
<input type="checkbox"/> Wednesday 1/17 to	<input type="checkbox"/> Wednesday 1/24 to	<input type="checkbox"/> Wednesday 1/31 to	<input type="checkbox"/> Wednesday 2/7 to	<input type="checkbox"/> Wednesday 2/14 to	<input type="checkbox"/> Wednesday 2/21 to
<input type="checkbox"/> Thursday 1/18 to	<input type="checkbox"/> Thursday 1/25 to	<input type="checkbox"/> Thursday 2/1 to	<input type="checkbox"/> Thursday 2/8 to	<input type="checkbox"/> Thursday 2/15 to	<input type="checkbox"/> Thursday 2/22 to
<input type="checkbox"/> Friday 1/19 to	<input type="checkbox"/> Friday 1/26 to	<input type="checkbox"/> Friday 2/2 to	<input type="checkbox"/> Friday 2/9 to	<input type="checkbox"/> Friday 2/16 to	<input type="checkbox"/> Friday 2/23 to
<input type="checkbox"/> Saturday 1/20 to	<input type="checkbox"/> Saturday 1/27 to	<input type="checkbox"/> Saturday 2/3 to	<input type="checkbox"/> Saturday 2/10 to	<input type="checkbox"/> Saturday 2/17 to	<input type="checkbox"/> Saturday 2/24 to
<input type="checkbox"/> Sunday 1/21 to	<input type="checkbox"/> Sunday 1/28 to	<input type="checkbox"/> Sunday 2/4 to	<input type="checkbox"/> Sunday 2/11 to	<input type="checkbox"/> Sunday 2/18 to	<input type="checkbox"/> Sunday 2/25 to

Do you have any special instruction or questions?

Do you need a certificate of liability insurance? YES NO

If yes, Attn: _____ Email _____ or Fax _____

I grant Troop # _____ of Girl Scouts–Arizona Cactus-Pine Council, Inc. permission to hold booth sales outside our place of business.

Authorized Signature _____ Date _____

Name _____ Title _____

Due to COVID-19, troops are to wear masks and have hand sanitizers at booths all time unless stated otherwise by Council. COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While GSACPC attempts to take every safety and preventative precaution, GSACPC can in no way warrant that COVID-19 infection will not occur through participation in GSACPC programs.