

2010 Cookie Collection Report

(Completed form must accompany troop's final paperwork)

PLEASE PROVIDE ALL INFORMATION BELOW

Section _____ Service Unit # _____ Troop # _____

Girl Name: _____

Parent or Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parents e-mail Address: _____

Place of Employment: _____

Amount Outstanding: \$ _____

Due to the Council: \$ _____

Due to the Troop: \$ _____

Please attach the following to expedite collection process.

_____ Parent Permission slip

_____ Receipt of Cookie Pick-up from Troop Cookie Manager

_____ Other ... Letters, notes, etc; received

Any comments? Please list all communications attempted - successful or unsuccessful and any other information available. Thank you.

Date	Comments

Troop leader: _____ Phone: _____

Troop Cookie Manager: _____ Phone: _____

Service Unit Cookie Manager: _____ Phone: _____

Area Cookie Manager: _____ Phone: _____

Field Executive: _____