

2025 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 1/20 to	<input type="checkbox"/> Monday 1/27 to	<input type="checkbox"/> Monday 2/3 to	<input type="checkbox"/> Monday 2/10 to	<input type="checkbox"/> Monday 2/17 to	<input type="checkbox"/> Monday 2/24 to
<input type="checkbox"/> Tuesday 1/21 to	<input type="checkbox"/> Tuesday 1/28 to	<input type="checkbox"/> Tuesday 2/4 to	<input type="checkbox"/> Tuesday 2/11 to	<input type="checkbox"/> Tuesday 2/18 to	<input type="checkbox"/> Tuesday 2/25 to
<input type="checkbox"/> Wednesday 1/22 to	<input type="checkbox"/> Wednesday 1/29 to	<input type="checkbox"/> Wednesday 2/5 to	<input type="checkbox"/> Wednesday 2/12 to	<input type="checkbox"/> Wednesday 2/19 to	<input type="checkbox"/> Wednesday 2/26 to
<input type="checkbox"/> Thursday 1/23 to	<input type="checkbox"/> Thursday 1/30 to	<input type="checkbox"/> Thursday 2/6 to	<input type="checkbox"/> Thursday 2/13 to	<input type="checkbox"/> Thursday 2/20 to	<input type="checkbox"/> Thursday 2/27 to
<input type="checkbox"/> Friday 1/24 to	<input type="checkbox"/> Friday 1/31 to	<input type="checkbox"/> Friday 2/7 to	<input type="checkbox"/> Friday 2/14 to	<input type="checkbox"/> Friday 2/21 to	<input type="checkbox"/> Friday 2/28 to
<input type="checkbox"/> Saturday 1/25 to	<input type="checkbox"/> Saturday 2/1 to	<input type="checkbox"/> Saturday 2/8 to	<input type="checkbox"/> Saturday 2/15 to	<input type="checkbox"/> Saturday 2/22 to	<input type="checkbox"/> Saturday 3/1 to
<input type="checkbox"/> Sunday 1/26 to	<input type="checkbox"/> Sunday 2/2 to	<input type="checkbox"/> Sunday 2/9 to	<input type="checkbox"/> Sunday 2/16 to	<input type="checkbox"/> Sunday 2/23 to	<input type="checkbox"/> Sunday 3/2 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 _____