

2023 Self-Scheduled Cookie Booth 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 1/16	<input type="checkbox"/> Monday 1/23	<input type="checkbox"/> Monday 1/30	<input type="checkbox"/> Monday 2/6	<input type="checkbox"/> Monday 2/13	<input type="checkbox"/> Monday 2/20
<input type="checkbox"/> Tuesday 1/17	<input type="checkbox"/> Tuesday 1/24	<input type="checkbox"/> Tuesday 1/31	<input type="checkbox"/> Tuesday 2/7	<input type="checkbox"/> Tuesday 2/14	<input type="checkbox"/> Tuesday 2/21
<input type="checkbox"/> Wednesday 1/18	<input type="checkbox"/> Wednesday 1/25	<input type="checkbox"/> Wednesday 2/1	<input type="checkbox"/> Wednesday 2/8	<input type="checkbox"/> Wednesday 2/15	<input type="checkbox"/> Wednesday 2/22
<input type="checkbox"/> Thursday 1/19	<input type="checkbox"/> Thursday 1/26	<input type="checkbox"/> Thursday 2/2	<input type="checkbox"/> Thursday 2/9	<input type="checkbox"/> Thursday 2/16	<input type="checkbox"/> Thursday 2/23
<input type="checkbox"/> Friday 1/20	<input type="checkbox"/> Friday 1/27	<input type="checkbox"/> Friday 2/3	<input type="checkbox"/> Friday 2/10	<input type="checkbox"/> Friday 2/17	<input type="checkbox"/> Friday 2/24
<input type="checkbox"/> Saturday 1/21	<input type="checkbox"/> Saturday 1/28	<input type="checkbox"/> Saturday 2/4	<input type="checkbox"/> Saturday 2/11	<input type="checkbox"/> Saturday 2/18	<input type="checkbox"/> Saturday 2/25
<input type="checkbox"/> Sunday 1/22	<input type="checkbox"/> Sunday 1/29	<input type="checkbox"/> Sunday 2/5	<input type="checkbox"/> Sunday 2/12	<input type="checkbox"/> Sunday 2/19	<input type="checkbox"/> Sunday 2/26

Do you have any special instruction or questions?

Do you need a certificate of liability insurance? YES NO

If yes, Attn: _____ Email _____

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 _____

Covid protocols that are mandated at the time of boothing will be followed.