



2007-2008 Booth Sale Application
 Girl Scout Council of Greater New York, Inc. – www.girlscoutsny.org

Form 7

Girl Scouts.

All applications should be submitted to Service Unit Cookie Manager with initial order.

Troop Leader: _____ Troop #: _____ Service Unit Name: _____

Tel. Day: _____ Email Address: _____

Leader's Address: _____

City: _____ State: _____ Zip Code: _____

Date of Sale: _____

Sale Location Name: _____ **Sale Location Address:** _____

(Date, location name, and location address must be indicated)

DELIVER COOKIES TO: (if during initial delivery period, enter same delivery address)

Address: _____

Booth Sale Order

(Cases Only)

_____ Lemon Chalet Crèmes	_____ All Abouts
_____ Trefoils	_____ Sugar Free Chocolate Chips
_____ Do-Si-Dos	_____ Tagalongs
_____ Samoas	_____ Thin Mints

_____ **Total Number of Cases**
 (minimum 15-maximum 20 Cases for Booth Sales)

- | | |
|---------------------------------------|----------|
| 1) Total Cost of Cases | \$ _____ |
| (Number of Cases x \$42.00 per case) | |
| 2) Troop Rebate | \$ _____ |
| (Number of Cases x \$6.60 per case) | |
| 3) Total Amount Due to Council..... | \$ _____ |
| (Line 1-Line 2=Amount Due to Council) | |

I agree to assume full responsibility for the total amount due to the Council. Troop #_____ is responsible for selling the total number of cases ordered and depositing the money no later than three (3) business days after the sale. I will forward the pink copy of the deposit slip to Council once I make the deposit. I understand that the Council may pursue collection action if the full deposit is not made.

My deposit slip will be forwarded to:

**GSCGNY-Field Fundraising Department
 43 West 23rd St, 7th Floor
 New York, NY 10010**

Leader Signature: _____ **Date Signed:** _____

Service Unit Cookie Manager Signature: _____ **Date Signed:** _____

Membership Supervisor Signature: _____ **Date Signed:** _____

Field Fundraising Department Signature: _____ **Date Signed:** _____