Girl Guides of Canada Guides du Canada

Cookie Receipt

Unit Name: _____

District: _____

Date: _____

The parent/guardian is requested to sign in the appropriate box for acceptance of her/his daughter's cookie order, acknowledging the amount owing to the Unit. The Unit Guider is to record the date of receipt of payment.

☐ Chocolatey Mint (Fall)

☐ Classic (Spring)

Youth Member's Name	# of Boxes Ordered	Amount Owing	Parent/Guardian Signature	Date Received Payment	Amount Received	Guider's Initials