

MAIL TO:

NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 HOME PHONE _____ WORK PHONE _____
 CELL PHONE _____ E-MAIL _____

DELIVER TO:

NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 HOME PHONE _____ WORK PHONE _____
 CELL PHONE _____ E-MAIL _____

SPECIAL INSTRUCTIONS TO LOCATE (IF NECESSARY)

REPORT CODE / NEIGHBORHOOD / SERVICE UNIT	AREA / DISTRICT	DELIVERY DATE	<input type="radio"/> AM <input type="radio"/> PM	DELIVERY STATION # DELIVERY STATION PHONE
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TROOP NO. (IN NUMERICAL ORDER)	NO. OF GIRLS REGISTERED	NO. OF GIRLS SELLING	TROOP GOAL SET	TROOP COOKIE MANAGER		ALL VARIETIES (12 PKGS. PER CASE)								TOTAL CASES SOLD	
						SAVANNAH SMILES	TREFOILS	DO-SI-DOS	SAMOAS	DULCE DE LECHE	THANK U BERRY MUNCH	TAGA-LONGS	THIN MINTS		
			<input type="radio"/> YES <input type="radio"/> NO	NAME _____	PHONE _____										
				SIGNATURE _____											
			<input type="radio"/> YES <input type="radio"/> NO	NAME _____	PHONE _____										
				SIGNATURE _____											
			<input type="radio"/> YES <input type="radio"/> NO	NAME _____	PHONE _____										
				SIGNATURE _____											
				TOTAL ALL TROOP ORDERS GOING TO THIS ONE ADDRESS		LEMON CHALET CREMES	TREFOILS	DO-SI-DOS	SAMOAS	DULCE DE LECHE	THANK U BERRY MUNCH	TAGA-LONGS	THIN MINTS	TOTAL	