

# Service Unit Event Cookie Dough Redemption Form

**Form must be filled out in its entirety. A copy of the event flyer or brochure MUST be attached for processing. Send form and attachment(s) to your GSMISTS Council Product Sales staff member or [productsales@gsmists.org](mailto:productsales@gsmists.org). Prior approval is needed. Cookie Dough amount used per girl may not exceed event cost. Allow 4 weeks for processing.**

## EVENT INFORMATION

Name of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

Event cost \_\_\_\_\_ Service Unit \_\_\_\_\_

Name of Service Unit Treasurer \_\_\_\_\_

Address of Treasurer \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*(This is where the check will be sent for reimbursement)*

## COOKIE DOUGH INFORMATION

Name of Girl \_\_\_\_\_ Troop # \_\_\_\_\_

Cookie Dough Number \_\_\_\_\_

Dollar Amount used from Cookie Dough \$ \_\_\_\_\_

Name of Girl \_\_\_\_\_ Troop # \_\_\_\_\_

Cookie Dough Number \_\_\_\_\_

Dollar Amount used from Cookie Dough \$ \_\_\_\_\_

Name of Girl \_\_\_\_\_ Troop # \_\_\_\_\_

Cookie Dough Number \_\_\_\_\_

Dollar Amount used from Cookie Dough \$ \_\_\_\_\_

Name of Girl \_\_\_\_\_ Troop # \_\_\_\_\_

Cookie Dough Number \_\_\_\_\_

Dollar Amount used from Cookie Dough \$ \_\_\_\_\_

For Council Use Only:

Checked \_\_\_\_\_

Flyer \_\_\_\_\_

All attended \_\_\_\_\_