

CORPORATE COOKIE BOOTHS - BASIC INFORMATION / INSURANCE FORM

Please complete this form and email or fax it by December 19 to ssollow@girlscoutsla.org or (626) 677-2556.

Corporate Building		
Building Name:		
Building Address:		
:	Street	Zip
Corporate Building Contact (include	de address if different from	above)
Name:		
Address:		
Phone:		Zip
Email:		
Please select any possible date(s cookies in your building: Tuesday, Feb. 17, 2015 Thursday, Feb. 19, 2015 Monday, Feb. 23, 2015 Tuesday, Feb. 24, 2015 Wednesday, Feb. 25, 2015	11:30am – 2:00 pmÁj • 11:30am – 2:00 pmÁj r 11:30am – 2:00 pmÁj • A 11:30am – 2:00 pmÁj rÁ 11:30am – 2:00 pm Áj • Á	3:30 pm – 6:00 pm 3:30 pm – 6:00 pm Á 3:30 pm – 6:00 pm Á :30 pm – 6:00 pm
Alternate date or time is preference (between Feb 13 and Mar 8, weekends exc	D-1-	Time (from – to)
Is a certificate of insurance require location?		e a corporate booth at your
If yes, please fax a copy of your insuor mail your insurance requirements		ephanie Sollow at (626) 677-2556
	Los Angeles – Southeast I ollow / Product Sales Man	

9525 Monte Vista Avenue, Montclair CA 91763-2231

Name as Additional Insured:

Name:	
Address:	
City:	Zip:
Phone:	

Cookie Delivery Company

Circle Moving & Storage 3333 E Willow Street Long Beach CA 90806

Bekins 20525 Nordhoff St., #58 Chatsworth CA 91311

Delivery Contact Person (for cookie deliveries only)

Bill Greek (562) 424-0451

Karla Schmerber (818) 407-4079



CORPORATE COOKIE BOOTHS – ADDITIONAL INFORMATION FORM

Building Name:
Information for the Girl Scout troop selling at your location:
Where should they park?
Will their parking be validated?
If yes, where / with whom?
Where will the troop be selling? Is it indoors or outdoors?
Will a table and chairs be provided?
To whom and where should the troop report upon arrival?
Will you provide a dolly or cart for moving cookie cases?
Are there any additional instructions or restrictions?
s secured storage space available for us to deliver cookies on the weekday before your booth?
If yes, please describe the space:
nformation for delivery of cookies to your site:
Contact Name:
Daytime Phone: Fax:
Alternate Contact Name:
Alternate Contact Phone: Fax:
Street address for delivery Zip
Special instructions: