DISTRICT COOKIE ORDER FORM

* represent mandatory fields required to place cookie order online							
*Campaign Information:	☐ Spring	☐ Fall	Year				
*Order and Delivery Information:	*Province Area Division *District	Select one					
*Number of Cases Ordered (20 case minimum):							
If delivery information is identical to last year's campaign delivery information, check this box. By checking this box, there is no need to complete the delivery information. Verify all information is identical before checking the box.							
*Name of Cookie Receiver:							
*Delivery Street Address line 1:							
Delivery Street Address line 2 (if necessary):							
Name of Company/Other (if not a house):							
*Delivery City/Town/Village:							
*Delivery Province/Territory:	5	Select one					
*Delivery Postal Code (A1A 1A1):							
*Home Phone (999-999-9999):							
Work/Other Phone (if available):			Extension:				
Email of Cookie Receiver (if availal	ble):						
*Delivery Day Emergency Contact I	Name:						
*Delivery Day Emergency Contact I	Home Phone:						
Delivery Day Emergency Contact Work/Other Phone (if available):			E	ktension:			
*Delivery location:	☐ Home ☐ School ☐ Community ☐ Warehouse ☐ Office ☐ Guide Hous ☐ Church ☐ Other		Hours of Operatio Not applicable	n Location of Other:			
*Pallet Needed at Delivery Location? (<u>for Ontario deliveries ONLY</u>):			☐ Yes	□No			
Directions to Delivery Point or Spec	cial Instructions	: :					

Confirmation Code (Order #):

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*Delivery Postal Code (A1A 1A1):								
*Home Phone (999-999-9999):								
Work/Other Phone (if available):			Extension:					
Email of Cookie Receiver (if available):								
*Delivery Day Emergency Contact Name:								
*Delivery Day Emergency Contact	Home Phone:							
Delivery Day Emergency Contact Work/Other Phone (if available):			Ex	tension:				
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Directions to Delivery Point or Spe	cial Instructions	3:						

Confirmation Code (Order #):