



# COUNCIL SHOP COOKIE CREDIT USAGE FORM

Girl Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Troop #: \_\_\_\_\_ or  Individual Girl Member

Phone\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

Council Shop: Please transfer to the shop where they will be spent; check one store location only.

- Emporia
- Garden City
- Hays
- Salina
- Wichita

Balance in Shop: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt # \_\_\_\_\_

**As parent/guardian of the stated Girl Scout, I agree to the Cookie Credit transfer request as outlined on this form. I understand that Cookie Credits may not be transferred back to the on-line registration account once they are transferred elsewhere. This request is not complete with out parent/guardian signature.**

**X** \_\_\_\_\_  
Print Parent/Guardian Name

**X** \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date