



Girl Scouts of Greater Chicago and Northwest Indiana

Joliet Gathering Place
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**2012 Cookie Program
Service Unit Delivery Station Request Form**

**Must be emailed, scanned or faxed no later than December 15, 2011
Please PRINT clearly**

SU Fall Product Manager Name _____ **SU #** _____

Day Phone (____) _____ - _____ Cell Phone (____) _____ - _____ Eve Phone: (____) _____ - _____

E-mail _____

Delivery Station Volunteer Name _____ or Same as Fall Product Manager

Day Phone (____) _____ - _____ Cell Phone (____) _____ - _____ Eve Phone: (____) _____ - _____

E-mail _____

Delivery Site Information Check here if using the same location as last year

Location _____ Phone (day) (____) _____ - _____

Address _____ City/State _____ Zip Code _____

Preferred Delivery Date (Delivery dates are from Friday, 2/10/12 – Friday, 2/17/12 12:00 Noon)

Option 1: ____ / ____ / ____ Morning Afternoon No Preference

Option 2: ____ / ____ / ____ Morning Afternoon No Preference

Time allotment: ____ minutes per troop

Site Information:

Does the delivery site have a dock? Yes _____ No _____

Is the site semi-truck accessible? Yes _____ No _____

Does the site have overhead garage doors? Yes _____ No _____

If yes, give approximate size: _____

Does the site have a forklift or equipment with forks? Yes _____ No _____

For non-forklift sites, what is the estimated distance from where the truck would park to where the units will be placed? _____ Feet

If delivery is at your home, where will the cookie cases be placed?

Garage _____ driveway _____ other _____

Any special instructions for delivery: _____

Retain a copy for your records