



# Girl Scouts of Citrus Fall Product Program Booth Approval Letter

Business Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Contact Person \_\_\_\_\_

Store Hours: Monday \_\_\_\_\_ Friday \_\_\_\_\_  
Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Sunday \_\_\_\_\_  
Thursday \_\_\_\_\_

Set up at: \_\_\_\_ Retail Entrance \_\_\_\_ Grocery Entrance \_\_\_\_ Both Entrances \_\_\_\_ Store has only one entrance

**Note:** On the calendar below, please check all dates that Girl Scouts may be permitted to set up booths. I will assume that you will allow us to schedule troops for all of the indicated days and all of your standard hours unless you note any special requests or restrictions in the space provided.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					October 27	28
29	30	31	November 1	2	3	4
5						

Any further instructions for Girl Scout Troops: \_\_\_\_\_

Location Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for supporting Girl Scouts!