

# Council Patch Order Forms

Name of Contact Person \_\_\_\_\_ Troop Number \_\_\_\_\_  
Street Address \_\_\_\_\_  
Apt/Lot/PO Box Number \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
E-mail Address \_\_\_\_\_ County \_\_\_\_\_  
Day/Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_  
Grade Level K-1 2-3 4-5 6-8 9-10 11-12

Council Patch Completed \_\_\_\_\_ Date of Completion \_\_\_\_\_  
Number of Patches Ordered \_\_\_\_\_ x Award Cost \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
\_\_\_\_ Please mail awards to me. I've included postage and handling (\$2.00) + \$ \_\_\_\_\_  
Total Enclosed (payable to GSEIWI) = \$ \_\_\_\_\_  
\_\_\_\_ I will pick up patches at the Girl Scout Shop in \_\_\_\_\_.

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Council Patches