

## PARENT CONTACT CARD

Parent Name: \_\_\_\_\_

Girl Scout Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please indicate the amount of time you are willing to volunteer during the cookie season: \_\_\_\_\_ hours

Please rank the following cookie season activities based on your preference, with **1 being most preferred** and **4 being least preferred**.

- \_\_\_\_\_ Booth sale support
- \_\_\_\_\_ Cookie delivery and pick-up
- \_\_\_\_\_ Gift of Caring collection and organization
- \_\_\_\_\_ Cookie money treasurer

Do you have any special skills, hobbies or community connections that could be of assistance this cookie season?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any ideas you think we should try this year?

\_\_\_\_\_  
\_\_\_\_\_

## PARENT CONTACT CARD

Parent Name: \_\_\_\_\_

Girl Scout Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please indicate the amount of time you are willing to volunteer during the cookie season: \_\_\_\_\_ hours

Please rank the following cookie season activities based on your preference, with **1 being most preferred** and **4 being least preferred**.

- \_\_\_\_\_ Booth sale support
- \_\_\_\_\_ Cookie delivery and pick-up
- \_\_\_\_\_ Gift of Caring collection and organization
- \_\_\_\_\_ Cookie money treasurer

Do you have any special skills, hobbies or community connections that could be of assistance this cookie season?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any ideas you think we should try this year?

\_\_\_\_\_  
\_\_\_\_\_

## PARENT CONTACT CARD

Parent Name: \_\_\_\_\_

Girl Scout Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please indicate the amount of time you are willing to volunteer during the cookie season: \_\_\_\_\_ hours

Please rank the following cookie season activities based on your preference, with **1 being most preferred** and **4 being least preferred**.

- \_\_\_\_\_ Booth sale support
- \_\_\_\_\_ Cookie delivery and pick-up
- \_\_\_\_\_ Gift of Caring collection and organization
- \_\_\_\_\_ Cookie money treasurer

Do you have any special skills, hobbies or community connections that could be of assistance this cookie season?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any ideas you think we should try this year?

\_\_\_\_\_  
\_\_\_\_\_

## PARENT CONTACT CARD

Parent Name: \_\_\_\_\_

Girl Scout Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please indicate the amount of time you are willing to volunteer during the cookie season: \_\_\_\_\_ hours

Please rank the following cookie season activities based on your preference, with **1 being most preferred** and **4 being least preferred**.

- \_\_\_\_\_ Booth sale support
- \_\_\_\_\_ Cookie delivery and pick-up
- \_\_\_\_\_ Gift of Caring collection and organization
- \_\_\_\_\_ Cookie money treasurer

Do you have any special skills, hobbies or community connections that could be of assistance this cookie season?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any ideas you think we should try this year?

\_\_\_\_\_  
\_\_\_\_\_