



Summer Camp Cookie Dough Form

Girl Name: _____

Camp Name: _____

Camp Week Dates: _____

Camp Session: _____

Camp Cost: _____

Parent Name: _____

Parent Address: _____

Parent Phone: _____

Parent Email: _____

Payment Information

GS Cookie Dough

Carry Over Dough

GS Cookie Dough #: _____ - _____ - _____

Cookie Dough Amount to be Used: _____

Carry Over Dough to be Used: _____