

Girl Scout Cookie Tip Off!

Bring your family and friends and "tip off" the 2009 Girl Scout Cookie Sale. The fun begins with activity stations around the mezzanine of Crisler Arena...make a swap, play some games, get your face painted, pick-up your Girl Scout Cookie patch and grab a University of Michigan pom-pom before the game. After the game the entire University of Michigan women's basketball team will be on hand for autographs and questions!



U of M vs. Vanderbilt University Women's Basketball

- Location:** Crisler Arena, Ann Arbor
Date: Sunday November 23, 2008
Time: 12:30 pm activities begin, 2 pm game
Fee: \$3 per person
Note: Autographs immediately following the end of the game



Pom-poms, patches and autographs...who wouldn't want to be there? Bring your family, friends and Girl Scout troop and help us break the attendance record. If you register before October 31, you will receive a University of Michigan Women's Basketball tote.



Girl Scouts®

Girl Scout Cookie Tip Off! REGISTRATION FORM

Please use one form per Troop or family.

Event ID #: 9APFTIPO1123



OFFICE USE ONLY

DS: _____
DE: _____
RN: _____
CR: _____

Troop Registration | Leader's Name: *(one name only)* _____

Individual Registration | Girl's Name: _____
Parent's Name: _____

Street Address: _____

City, State, ZIP: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

E-Mail: _____

Troop #: _____ or Juliette

Troop Level: Daisy Brownie Junior Cadette Senior Ambassador

Girl Scouts Heart of Michigan or Out of Council: _____

tickets: _____ x \$3.00 = \$ _____

Total Amount: \$ _____

Cookie Tip Off patches will be distributed at the game.

Return this form with payment to:

Girl Scouts Heart of Michigan
Ann Arbor Regional Center
Event Registrations
P.O. Box 969
Ann Arbor, MI 48106-0969

For a credit card registration, please fax to (734) 971-2160 or e-mail sparker@gshvc.org.

PAYMENT: Full payment due at the time of registration.

- Cookie Incentives* \$ _____
 Check/M.O. (payable to GSHOM) \$ _____
 Cash (walk-in registration only) \$ _____
 Credit Card (indicate total) \$ _____
TOTAL AMOUNT ENCLOSED: \$ _____

FOR CREDIT CARD PAYMENT, COMPLETE THE FOLLOWING:

Exp. Date: __ / __

Visa MasterCard Discover (Ann Arbor Regional Ctr. only)

Card #: _____ - _____ - _____ - _____

Name on account: _____

Signature: _____