

Pop-Up Shop Request Form

Event Name: _____ Event Date: _____ Event Start/End Time: _____

Event Theme: _____ Event Location: _____

Location Address: _____ City: _____ State: _____ Zip: _____

Service Unit Region: (circle one) **Central** **Northwest** **Midwest** **Northeast** **Southwest**

Service Unit Name and Number: _____

Service Unit/Event Contact: _____ Contact Number: _____

Contact Email: _____

How many girls are you expecting? _____ What are their grade levels? _____

How many adults are you expecting? _____ (total guest attendance must be 75+ people)

What type of merchandise selection would you like to request for your pop-up shop? (circle all that apply)

- Level Specific Items: Daisy Level Specific Items: Junior Level Specific Items: Senior
 Level Specific Items: Brownie Level Specific Items: Cadette Level Specific Items: Ambassador
 Non-Mission Critical (Fun) Items Adult Volunteer Specific Items Other: _____

Additional Merchandise Request Details: _____

Would you like to pre-order items in advance?

Item Number	Item Description	Item Quantity	Item Size

Notes of Importance:

- Forms are due to retail@girlscoutsdiamonds.org a minimum of 30 days prior to the listed event date.
- The retail team considers staff availability, current request schedule, community/brand impact and required staff travel time regarding all requests. Not all requests will be approved. Event contacts will be notified a minimum of 15 days prior to the event date.

Contact Signature: _____ Date: _____

Additional Staff Notes:
 Set up time, in-door/outdoor location,

For Retail Staff

Date Received: _____

Staff Initials: _____

Approved _____ Denied _____

Reason: _____

Notification Date : _____