

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: Central Northwest Midwest Southwest 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 100+ people)

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

- | | | |
|----------------------------------|--------------------------------|------------------------------------|
| Level Specific Items: Daisy | Level Specific Items: Junior | Level Specific Items: Senior Level |
| Level Specific Items: Brownie | Level Specific Items: Daisy | 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.

Additional Staff Notes: (set-up time, indoor/outdoor location, etc)

For Retail Staff
Date Received: _____ By: _____
Approved Denied
Reason: _____
Notification Date: _____