# 2008 Cookie Program Troop Checklist – Please complete and return to program center no later than 01/31/08. (??)

| | Troop Number | Troop Cookie Manager (TCM) or Leader Name | Phone Number | Email Address | Number of reg. girls | Registered TCM | Attended training | Turned in Vol Agreemt | Troop has checking acct | | | | Amount due council | Amount of check | All participating girls registered | Recognitions distrib & trp eval received |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 21 | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | | | | | |
| 32 | | | | | | | | | | | | | | | | |
| 33 | | | | | | | | | | | | | | | | |
| 34 | | | | | | | | | | | | | | | | |
| 35 | | | | | | | | | | | | | | | | |
| 36 | | | | | | | | | | | | | | | | |
| 37 | | | | | | | | | | | | | | | | |
| 38 | | | | | | | | | | | | | | | | |
| 39 | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | |