



COUNCIL PATCH PROGRAM ORDER FORM

Girl Scouts of Silver Sage
8948 W Barnes St
Boise, ID 83709
(208) 377-2011 or (800) 846-0079
Fax: (833) 790-5138
www.girlscouts-ssc.org
Email: program@girlscouts-ssc.org

Patch requirements can be found at www.girlscouts-ssc.org under Events & Activities

Please fill out the following information to order and receive your patches:

Name _____ Date _____

Address _____ City _____

State _____ Zip Code _____ Email _____

Troop # _____ SU # _____ Girl Scout Level (circle one) DSY BR JR CDT SR AMB

How did you learn about this program patch?

Website ____ Event ____ Newsletter ____ Word of Mouth ____ Other _____

To receive patches, please bring this form (both pages completed) into the Girl Scouts Leadership Center or mail with payment to us at 8948 W Barnes St., Boise ID 83709.

Name of Program Patch completed _____

Please answer the following questions for EACH patch completed (for example, if completed Cookemon and STEMtastic, please give us answers for each patch) Additional pages may be needed.

What were your girls' (or your) favorite parts of this program?

Tell us about an activity you did to Discover:

Tell us about an activity you did to Connect:

Tell us about an activity you did to Take Action:

Patch Name	Quantity	Price	Total
STEMtastic Patch		2.00	
Outdoor Progression - Explore Out		2.00	
Outdoor Progression – Camp Out Segment		2.00	
Outdoor Progression – Cook Out Segment		2.00	
Outdoor Progression – Adventure Out		2.00	
Outdoor Progression – Wilderness First Aid		2.00	
Outdoor Progression – GSSSC Camp Segment		2.00	
Outdoor Progression – Orienteering Segment		2.00	
Outdoor Progression – One Match		2.00	
Geology Patch		2.00	
STEMMING Daisies (by One Stone)		2.00	
4 Hours 4 Her Patch		FREE	
Subtotal			
Tax (subtotal x 6%)			
Postage/Handling if not pick up			4.00
Total			

Method of Payment:

Check (payable to GSSSC) _____ Cash _____ Credit Card # _____

Exp. Date _____ Security Code _____ Billing Zip Code _____

Signature* _____

*By signing you authorize Girl Scouts of Silver Sage to charge the card listed above for the amount totaled. By signing you also waive Girl Scouts of Silver Sage of any liability should this packet and information be compromised in transit to the Silver Sage Store.

Mailing Address if different from front page:

Name _____

Address _____

City _____ State _____ Zip Code _____

Store Use Only – Date Order Filled _____