



# Chief Commissioner's Gold Award Certificate Request Form



**GUIDERS:**

- ◆ Complete and forward to your Area Commissioner for signature
- ◆ Allow **two weeks** upon receipt at provincial office for processing

	Recipient name (please print clearly)	Current address & e-mail address	Date program completed	Parent/Guardian E-mail address
1				
2				
3				
4				
5				
6				

**Requestor's name & e-mail/phone #** \_\_\_\_\_

**Date certificate required** (specific date, not ASAP) \_\_\_\_\_

**Ceremony date** (will appear on certificate as date of issue unless alternate instructions are provided) \_\_\_\_\_

**Delivery method** (check one)

- Mail via Xpresspost to
- Courier to (note that cost will be charged back to your area)
- Pick up at provincial office by (3<sup>rd</sup> floor volunteer pick-up desk)

**Name, address & e-mail/phone #**

**Name & e-mail/phone**

**Additional instructions** \_\_\_\_\_

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**AREA COMMISSIONERS:**

- ◆ Please complete this section, and send to **administrative assistant** at provincial office via e-mail ([adminassist@bc-girlguides.org](mailto:adminassist@bc-girlguides.org)) or fax (604-714-6645)

**Area Commissioner's signature** \_\_\_\_\_

**Area** \_\_\_\_\_

**Date** \_\_\_\_\_

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<b>FOR OFFICE USE ONLY</b>		WO # _____	Date received _____
<input type="checkbox"/> iMIS	<input type="checkbox"/> Db	<input type="checkbox"/> Entered	<input type="checkbox"/> Date mailed _____