

Cookie Program Caregiver Permission and Agreement Form



My Girl Scout, _____, is a registered member of Troop _____
and has my permission to participate in the GSEOK 2024 Cookie Program.

- I will honor the official start date of January 20, 2024.
- I will make sure that my Girl Scout has adult guidance and supervision at all times.
- I accept full financial responsibility for all cookies and money she receives, and to deliver all money due to her troop on or before **March 24, 2024**.
- I understand all cookies received must be paid for at **\$5.00 per package (\$6.00 per package for Toffee Tastic and S'mores)** and **no cookies may be returned to the troop or council**.
- I understand I should keep copies of all receipts for cookies and related payments to the troop.
- I understand unpaid funds will be turned over to a collection agency or the courts for action.
- I understand that Girl Scout Cookies may not be sold or promoted online in any resale sites such as Facebook Marketplace, eBay, Craigslist, etc.
- Our family will follow all the rules and guidelines for the Cookie Program as listed in the Family Guide, on the council website or as instructed by the Troop Cookie Manager.

Caregiver Name _____ Signature _____ DL# & State _____

Address _____ City _____ State _____ ZIP _____

Cell Phone _____ Work Phone _____ Email _____

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