Girl Scout Council of Colonial Coast

2009 COOKIE PROGRAM

TROOP COOKIE CHAIR AGREEMENT

Troop _____ Service Unit _____ Date: _____

(Please check one) Girl Scout DS __ BR __ JR __ CD __ SR __ AB__

I have attended the cookie training and read the *Troop Plan Book,* especially my position description and the logistics of the cookie program. I agree to accept this volunteer position of a troop cookie chair by adhering to the position description and program schedules. I also accept the responsibilities of all cookies I order and receive, as well as all money I receive from girls/parents in my troop. I also agree to submit all the completed reports including the amount due council and uncollected form (if any) by Monday, March 23, 2009 to the service unit cookie chair. As the troop cookie chair, I am also responsible for distributing the girls' recognitions immediately upon receipt.

I understand that it is my responsibility to turn in the names with uncollected accounts; otherwise, I will be responsible for the unpaid balance. Should I write a check, I agree that my account will be debited electronically for the face amount, return check fee and return deposit item fee if it is returned unpaid. I also understand that only one letter from council will be sent out for unresolved accounts and it will be turned over to collections or law enforcement if the problem is not resolved within a ten working day notification period, and that I will be responsible for all collection (including attorney and court) fees.

Troop Cookie Chair Name (**Print please)** _____& Signature _____

Telephone (Day) _____ (Night) _____ E-mail Address _____

Complete Address _____

Street City State Zip

Troop Leader Name (**Print please)** _____& Signature _____

Telephone (Day) _____ (Night) _____ E-mail Address _____

Complete Address _____

Street City State Zip

A.

Calculator

B.

$10 Cookie Pass

List all registered girls in this troop in alphabetical order by their **first names**. Please check (/) if they are selling or not. If selling, write the number of boxes sold during order taking between **January 10 and 26, 2009**. **A.** If a girl sells 160 or more boxes during the initial order taking she will receive a *Calculator*. **B.** Sell a case more or up to 172 or more boxes, to receive a *$10 Cookie Pass* **PLUS** (A) *Calculator.* Only the girls who met the requirements during the initial order taking and were reported and listed appropriately on this form by the due date will receive the cookie initial recognition/s.

List all registered girls in this troop in alphabetical order by their **first name** to match what's on the e-BUDDE	Selling? Yes	No	Initial Order # Bxs Sold	Check the appropriate recognition/s earned by the girls **A**. Calculator	**B**. $10 Cookie Pass
1. _____	____	____	_____	_____	_____
2. _____	____	____	_____	_____	_____
3. _____	____	____	_____	_____	_____
4. _____	____	____	_____	_____	_____
5. _____	____	____	_____	_____	_____
6. _____	____	____	_____	_____	_____
7. _____	____	____	_____	_____	_____
8. _____	____	____	_____	_____	_____
9. _____	____	____	_____	_____	_____
10. _____	____	____	_____	_____	_____
11. _____	____	____	_____	_____	_____
12. _____	____	____	_____	_____	_____
13. _____	____	____	_____	_____	_____
14. _____	____	____	_____	_____	_____
15. _____	____	____	_____	_____	_____
16. _____	____	____	_____	_____	_____
17. _____	____	____	_____	_____	_____
18. _____	____	____	_____	_____	_____
19. _____	____	____	_____	_____	_____
20. _____	____	____	_____	_____	_____

Attach all signed *Permission Slips* of girls participating with this completed TCC Agreement. It's a MUST!

White copy due to your SUCC on January 28, 2009 Yellow copy– Troop's file.