

Cookie Program Caregiver Permission & Financial Responsibility Form

As a caregiver of a registered Girl Scout participating in the cookie program, I acknowledge and/or agree to the following:

- I will adhere to the program start dates listed in the *Caregiver Guide* and will follow all safety guidelines.
- I will provide my Girl Scout with supervision and guidance throughout the program and assist her in making prompt delivery of product to her customers.
- I will ensure that payment is not collected until product is delivered.
- I will abide by all deadlines and guidelines set forth by the troop leader/troop cookie coordinator as well as those in the Council *Caregiver Guide*.
- I agree to be responsible for all product received and all money collected.
- I understand that product may not be returned and that I am financially responsible for all product received on behalf of my Girl Scout.
- I will always get a signed receipt for product picked up from the troop leader and/or troop cookie coordinator.
- I will always get a signed receipt for all money turned into the troop leader and/or troop cookie coordinator. Note: This is your proof of payment should there be a dispute.
- I will not hold large amounts of money. If lost or stolen, I understand I am financially responsible for replacing the funds.
- I understand that 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 acknowledge that I am aware that I will receive only one letter from Council for any unresolved account. If my account is not settled after 10 working days, it will be turned over to collections or law enforcement. All fees charged in conjunction with this process will be my responsibility including, but not limited to, attorney fees, court cost and collection fees.

**My Girl Scout, _____ a member of troop/group _____,
has my permission to participate in the Girl Scout Cookie Program.**

Caregiver Name (Print): _____

Mailing Address: _____

Cell: _____ Home: _____ Email: _____

Social Security or Driver's License Number: _____ State: _____ Expiration Date: _____

Signature _____ Date: _____

Please circle your Girl Scout's t-shirt size to be used in the event a t-shirt is one of the program rewards:

YS YM YL AS AM AL AXL A2XL A3XL