



2023 COOKIE PROGRAM CAREGIVER PERMISSION & RESPONSIBILITY FORM

My Girl Scout, _____, a registered member of Troop # _____ has my permission to participate in the 2023 Cookie Program. I understand that she must be a currently registered Girl Scout for the 2022/2023 membership year. I will see that she has adult guidance at all times, and I will adhere to the published starting dates for order taking. I understand that all items ordered must be picked up and paid for, including any additional product obtained after the initial order is picked up. I understand that unsold or undelivered products cannot be returned. I agree to accept full responsibility for all items and collection of money. I will assist her in making full payment to the Troop Cookie Manager by the deadlines set. I authorize the use of the phone numbers and other contact information I provide, including my mobile number and any future number assigned to me, for calls, texts, emails, to include automated dialers, to contact me regarding my account. I understand that outstanding accounts will result in legal action and/or be turned over to a collection agency and I will be responsible for all legal/collection fees incurred. In addition, I will be ineligible to be appointed as a volunteer and my Girl Scout cannot participate in future product programs, nor will she be approved for any financial assistance, until the debt is paid. I will follow the GSHS Product Program Policies & Standards, as outlined.

My Girl Scout has my permission to engage in online Cookie Program activities under the supervision of myself and/or the Girl Scout adult in charge: Yes No

Please mark any areas below in which you are willing to assist your group with the Cookie Program this year:

2023 Cookie Program

- Cookie Volunteer in Charge
- Cookie Volunteer Assistant
- Cookie Technology Assistant
- Cookie Warehouse Pickup
- Cookie Sale Signage with girls
- Other: _____
- Cookie Delivery Assistant
- Chaperone for Cookie Booth
- Chaperone for Neighborhood Sales
- Cookie Storage
- Host cookie girl presentation/sale at work
- Cookie Rewards

Caregiver Information (please print):

Caregiver's Name _____ Home Phone (____) _____

Address _____ Cell Phone (____) _____

City _____ State _____ Zip _____ Work Phone (____) _____

Email Address _____

Place of Employment _____

***REQUIRED INFORMATION: For your Girl Scout to participate in the GSHS Product Programs, we must have your full SS# OR we must have the last four digits of your SS# AND full date of birth.**

Social Security # _____

Last Four Digits of Social Security # _____

Date of Birth (M/D/Y) _____

<i>For Troop Product Program Manager's Use</i>	
<i>Verified girl is registered for 2022/2023 membership year: <input type="radio"/> Yes <input type="radio"/> No</i>	
<i>Total \$ Amount Sold</i>	_____
<i>Total \$ Amount Paid</i>	_____
<i>Balance Due</i>	_____
<i>Date</i>	_____

Signature of Caregiver _____ Date _____