

GS of Central and Western Massachusetts
2023 Cookie Program
Cookie Boss Participant Permission Form

Permission to Participate in the 2023 Cookie Sale Program

My child (please print) _____,
has my permission to participate in the 2023 Cookie Program. I have read and understand
the information in this letter and agree to accept financial responsibility for all cookies and
money she receives. I understand the safety guidelines and will see that my child has
appropriate adult guidance and support at all times. I also agree to follow all Cookie
Program procedures and deadlines. I agree to abide by the Cookie Booth Etiquette
Contract if I choose to participate in Cookie Booths.

Signature of Parent/Guardian

Please Print

Mailing Address

City

Zip Code

Home Phone _____ *Work Phone* _____ *Cell Phone* _____

E-mail _____

Girl's Grade _____

Cookie Cupboard you wish to pick up from each week: _____

Both of the GSCWM Leadership Centers, Holyoke and Worcester, are cookie cupboards. The cupboards are open Wednesday from 3:00 pm-6:00pm, Thursday from 11 am- 8pm, and Friday from 9:00 am until 6:00 pm

In order to ensure we have all your information when you join the Cookie Boss Program. Please make sure to specify the following options for specific incentive levels you may reach during the Cookie Boss Program:

250 Boxes of Cookie Sold Go Bright Ahead T-shirt size: _____

750 Boxes of Cookie Sold Sun, Surf, and Stripes Long Sleeve size: _____

1000 Boxes of Cookie Sold Camp: Resident or Day Camp: _____



**GS of Central and Western Massachusetts
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Reward Opt-Out Form
Cookie Boss Participant**

Junior, Cadette, Senior and Ambassador may elect to “Opt Out” of receiving the girl rewards in exchange for earning a higher amount in cookie credits.

If you decide to opt out of rewards, this form must be signed by a parent/guardian and submitted to your Cookie Boss Team Leader by
February 10, 2023

Daisy and Brownie Girl Scouts do not have the choice of opting out of rewards

Girl Scout Age Level: Junior Cadette Senior Ambassador
(please check the box for the correct age level)

Girl Scout Full Name: _____

Phone: _____ Email: _____

By signing this form, you acknowledge that your Girl Scout has opted to forgo reward items in order to earn a higher amount in cookie credits.

Parent Signature: _____

Please tell us your plans for the cookie credits?

DUE TO COUNCIL BY FEBRUARY 10 – Mail to: GSCWM, Cookie Boss Leader: Jessica Gonzalez, 301 Kelly Way, Holyoke, MA 01040 or scan and email to jgonzalez@gscwm.org