



2023 Cookie Program Family Agreement Form

This form must be completed and signed by the parent/guardian before order cards and other program materials are distributed. The Troop Cookie Chair (TCC) retains signed copy for one year.

My Girl Scout _____, a member of Troop # _____, has my permission to participate in the GSHPA Cookie Program.

By allowing my daughter to participate in this year's programs, I agree to:

- ensure my Girl Scout is registered for the 2022-2023 Girl Scout membership year;
- ensure my words and actions abide by the Girl Scout Law and Girl Scout Promise;
- maintain a valid email address for all program communications;
- ensure my Girl Scout is selling product in accordance with all GSHPA Product Program guidelines (dates, locations, prices, etc.);
- accept financial responsibility for all product ordered and money received by my Girl Scout;
- ensure my Girl Scout has adult supervision while selling at all times;
- coordinate with my TCC(s) to submit all orders and order forms by designated date;
- pick up product at the time, date and location designated by the TCC(s);
- sort and distribute product to customers within one week of receipt;
- pick up rewards at the time, date and location designated by the TCC(s);
- ensure payment for product has been submitted to the troop by the deadline set by the TCC.

I understand that only a Girl Scout registered for the 2022-2023 Girl Scout year is permitted to sell Girl Scout product. I understand that the products cannot be returned to Girl Scouts in the Heart of Pennsylvania for any reason. I understand and agree that if I do not pay for the products accepted by my Girl Scout, Girl Scouts in the Heart of Pennsylvania may take collection action against me. I understand that if I do not pay the entire balance due in full and my account is forwarded for further collection efforts, I will be responsible for any and all reasonable collection fees, attorney fees, filing fees, service costs and disbursements incurred as a result of the collection efforts.

Parent/Guardian Name: _____ Relationship to Girl Scout: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Date: ____/____/____

Email Address: _____ Parent/Guardian Signature _____

Parent/Guardian Name: _____ Relationship to Girl Scout: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Date: ____/____/____

Email Address: _____ Parent/Guardian Signature _____