

This form must be completed by the parent/caregiver for a Girl Scout to participate in the Girl Scouts in the Heart of Pennsylvania's Product Programs. Order cards and other materials will not be distributed until this form has been received by the Troop Leader.

Girl Scout Full Name :

Troop # :

Caregiver Name :

Relationship to Girl Scout :

Address :

City : State : Zip :

Primary Phone Number :

E-Mail Address :

My Girl Scout has my permission to participate in the 2024-2025 Girl Scouts in the Heart of Pennsylvania (GSHPA) Product Programs (Fall Product and/or Cookies). By allowing my Girl Scout to participate, my Girl Scout and I agree to:

- Ensure my Girl Scout is registered for the 2024-2025 Girl Scout Membership year;
- Ensure my words and actions abide by the Girl Scout Promise and Girl Scout Law at all times;
- Maintain a valid email address for all program communications and approved GSUSA online selling platforms;
- Ensure my Girl Scout is participating in Product Programs in accordance with all GSHPA Product Program guidelines (dates, locations, prices, etc.);
- Ensure my Girl Scout is selling products at designated price point and agree to not alter prices;
- Coordinate with troop volunteers to submit all orders by established deadlines;
- Ensure my Girl Scout has adult supervision and guidance at all times while participating in the Product Programs;
- Pick up product and rewards from my troop volunteer at the time, date, and location designated by my troop;
- Ensure that all Fall Product and/or Cookie orders are delivered to customers within one (1) week of receipt. Failure to do so could result in future participation restrictions;
- Ensure all payments for products are submitted to the troop by the deadlines established by the troop volunteers.

By entering my name below, I understand that only a Girl Scout registered for the 2024-2025 Girl Scout year is permitted to sell Girl Scout products. I understand that 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 ordered and accepted by my Girl Scout, Girl Scouts in the Heart of Pennsylvania may take collection action against me. I will be responsible for any and all costs incurred, including attorney fees, court costs, and interest.

First Name : Last Name : Date :