

2024 GSWCF Cookie Program Caregiver Responsibility & Permission Form

Sign and return to your troop cookie manager before your Girl Scout begins participating or

receiving materials/products. My Girl Scout (First and Last Name) member of Troop #_____ and has my permission to participate in the 2024 Girl Scout Cookie Program. I have read the Caregiver Guide and cookie program materials and agree (initial each statement): I ensure my Girl Scout is registered for the 2023-2024 Girl Scout membership year. I will complete and return all forms required by the troop deadline(s). I will give my Girl Scout proper supervision and adult guidance. I understand all variety of cookies have a set retail of \$6. I agree not to sell Girl Scout Cookies for more or less than their set retail price. I accept personal financial responsibility for all cookies received and monies collected as payment from customers. I will retain an itemized receipt for all products and money. I will verify if the troop will accept checks from customers and/or caregivers. I understand there are no return of cookies to troop or council. I will follow all policies and procedures of Girl Scouts of West Central Florida and will adhere to all deadlines. I will serve in a supporting role for girls and should not assume sole responsibility for sales. If I help my Girl Scout's troop at cookie booths, I must be currently registered with an eligible background screening. Digital Cookie and Social Media Online Posting Rules: I understand Girl Scouts/caregivers cannot post their digital cookie link for the Girl Scout Cookie program on any site that requires a \$ such as in Facebook Marketplace, Nextdoor, Ebay, Craigslist, or other retail/resale sites. I will follow GSUSA Online Digital Marketing safety tips when using Digital Cookie and social media platforms. Girl Scout and Caregiver Booth Rules: I have read and agree to abide by the Drive Thru and Cookie Booth etiquette standards & guidelines as stated in the Caregiver Guide. I accept full responsibility for these products and the money entrusted to me. I understand there are **NO PRODUCT RETURNS TO COUNCIL.** I also understand that the money collected by me belongs to the Girl Scout troop and to Girl Scouts of West Central Florida. In the event funds are not paid to the troop/group, I agree to reimburse the council for all reasonable costs of collection, including attorney's fees. I understand this is a legal and binding document. (____) ____ Phone Number Caregiver's First and Last Name Caregiver's Email address Driver's License/State ID # Caregiver's Mailing Address City State Zip Code My signature below indicates that I have read and agree to all items above. Caregiver's Signature ___

Thank you for helping your Girl Scout achieve her goals.