## CAREGIVER COOKIE PROGRAM AGREEMENT

My Girl Scout\_

\_a member of troop #\_

has my permission to participate in the 2024 Girl Scout Cookie Program.

## Please read and initial for each statement:

I will ensure that my Girl Scout ha	$\_$ I will ensure that my Girl Scout has adult guidance at all times during the cookie program.			
	_ I will submit all funds received for payment of my Girl Scout's cookie sales to the troop cookie manager by their required deadlines.			
All cookies obtained for my Girl S March 17, 2024.	All cookies obtained for my Girl Scout's sales will be picked up and paid for no later than March 17, 2024.			
My Girl Scout will NOT take cook	My Girl Scout will NOT take cookie orders until January 5, 2024.			
I understand that I cannot return financial responsibilities for all of with selling the remaining cookie manner.	the cookies that I order	. If I am in nee	d of assistance	
	I understand that should any of my cookies or cookie money get lost, stolen or damaged, I am still fully responsible for the funds.			
I understand that if I do not pay f subject to collections and/or legal			ookies, I could be	
I will not collect payment from a	I will not collect payment from a customer until cookies are delivered.			
I will ask for a copy of the cookie not provided by the troop cookie		y cookies and f	unds submitted, if	
Caregiver Signatur <u>e:</u>		Date:		
Caregiver Nam <u>e:</u>		Home #:		
Address:	City:	State:	Zip:	
Email <u>:</u>	Cell #:		Work #:	
Employer:	Preferred Conta	ct: 🔿 Text 🤇	Email OPhone Call	

## **VOLUNTEER OPPORTUNITIES**

## I can assist the troop cookie manager in the following ways (check those that apply):

- Troop cookie manager assistant, 2024 membership
- \*Cookie booth supervisor, 2024 membership
- O Booth decoration helper
- O Cookie delivery assistant

 Other:
\*Please note that these roles require volunteer approval through Girl Scouts of Western Ohio.

