

Cookie Product Program

Parent/Guardian Agreement



Troop # _____

This agreement must be signed and given to the Troop Product Program Chair before any girl materials may be given out.

My scout, _____, is a registered member of Girl Scouts of the USA for the membership year 2019.

By signing below, I agree to the following:

- My scout has my permission to participate in the Cookie Product Program.
- I must assist my scout throughout the sale.
- The entire amount due for the products received will be paid by the date provided by the Troop Product Program Chair.
- Products cannot be returned to the troop or to Girl Scouts of Suffolk County Council.
- I will accept financial responsibility for all products and money my Girl Scout receives.
- I understand that GSSC reserves the right to take appropriate collection action to secure payment for product received.
- I will request and retain a receipt from the troop each time product is received and money/product is turned in by my Girl Scout.

Please print clearly

Parent/Guardian's Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Signature _____ Date _____