

Girl Scout, _____, a registered member of Troop _____, has my permission and support to participate in the 2021 Cookie Program.

- I acknowledge the girl/s above are registered Girl Scouts prior to starting the cookie program activities.
- I accept financial responsibility, including prompt payment, for all products received from monies collected and will ensure adult guidance at all times. I understand unsold product may NOT be returned to the troop or council.
- I understand the price of a package of cookies is set by Girl Scouts of Middle Tennessee and cannot be sold for less or more than the advertised price posted on the girl order card.
- I understand no direct orders will be taken before December 10, 2020 and money will be collected upon delivery. Orders received in support of all Gift of Caring program options can be paid for at the time of the order placement.
- I accept responsibility and will meet all troop deadlines. I agree to ensure all cookies are delivered promptly and will turn in money WEEKLY, to support all troop payment obligations with full payment made no later than February 27, 2021.
- I understand all past due accounts may be referred to a collection agency if internal collection attempts fail. I could be held responsible for collection costs and attorney's fees incurred by the Girl Scouts of Middle Tennessee.
- I understand all proceeds are troop or council funds and NOT the property of my daughter in accordance with Girl Scouts of the USA standards.
- I understand personal checks from customers must be made payable to me and not the troop.
- I understand council reserves the right to substitute girl reward items of equal or greater value with or without notice.
- I understand troops, girls, or adults cannot participate in the 2021 Cookie Program if there are outstanding debts to Girl Scouts of Middle Tennessee.
- I understand rewards cannot be given to troop/girl if there are outstanding debts to Girl Scouts of Middle Tennessee.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian PRINT Name: _____

Address (Street, Apt. #): _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

The Girl Scout Cookie Program is a Family Supported Effort

The Girl Scout Cookie Program supports girls, troops, and councils as girls develop five essential skills: goal setting, decision making, money management, people skills, and business ethics. But we know, without the support of family, success will be impossible to achieve.

Please check any areas in which you are willing to assist the troop this cookie season:

- | | |
|--|---|
| <input type="checkbox"/> Cookie Pick Up @ Delivery | <input type="checkbox"/> Host girl cookie presentation/sale at work |
| <input type="checkbox"/> Chaperone for "Cookies on the Go" | <input type="checkbox"/> Chaperone for Cookie Booth |
| <input type="checkbox"/> Cookie Storage/Distribution | <input type="checkbox"/> Cookie Cupboard Pick-up |

Rewards Waiver for Additional Proceeds Only

I am aware of the troop's vote to accept an additional \$.04 per package of cookies sold in lieu of the individually earned Reward Items. I understand girls will earn and receive the appropriate patches and sales level bar based on their individual achievement with any Troop Goal Rewards.

Girl Scout Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____