



2023/2024 PRODUCT PROGRAM CAREGIVER PERMISSION & RESPONSIBILITY FORM

My Girl Scout, _____, a registered member of Troop # _____ has my permission to participate in the 2023 Fall Product and 2024 Cookie Program. I understand that she must be a currently registered Girl Scout for the 2023-2024 membership year. I will see that she has adult guidance at all times, and I will adhere to the published starting dates for order taking. I understand that all items ordered must be picked up and paid for, including any additional product obtained after the initial order is picked up. I understand that unsold or undelivered products cannot be returned. I agree to accept full responsibility for all items and collection of money. I will assist her in making full payment to the Troop Product Program Manager by the deadlines set. I authorize the use of the phone numbers and other contact information I provide, including my mobile number and any future number assigned to me, for calls, texts, emails, to include automated dialers, to contact me regarding my account. I understand that outstanding accounts will result in legal action and/or be turned over to a collection agency and I will be responsible for all legal/collection fees incurred. In addition, I will be ineligible to be appointed as a volunteer and my Girl Scout cannot participate in future product programs, nor will she be approved for any financial assistance, until the debt is paid. I will follow the GSHS Product Program Policies & Standards, as outlined.

My Girl Scout will be participating in the: 2023 Fall Product Program 2024 Cookie Program

My Girl Scout has my permission to engage in online Fall Product and Cookie Program activities under the supervision of myself and/or the Girl Scout adult in charge: Yes No

Please mark any areas below in which you are willing to assist your group with Product Program this year:

2023 Fall Product Program

- Fall Product Volunteer in Charge
 Fall Product Volunteer Assistant
 Fall Product Technology Assistant
 Fall Product Warehouse Pickup
 Fall Product Rewards
 Other: _____

2024 Cookie Program

- Cookie Volunteer in Charge
 Cookie Volunteer Assistant
 Cookie Technology Assistant
 Cookie Warehouse Pickup
 Cookie Delivery Assistant
 Chaperone for Cookie Booth
 Chaperone for Neighborhood Sales
 Cookie Storage
 Cookie Sale Signage with girls
 Host cookie girl presentation/sale at work
 Cookie Rewards
 Other: _____

Caregiver Information (please print):

Caregiver's Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Place of Employment _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____

*REQUIRED INFORMATION: For your Girl Scout to participate in the GSHS Product Programs, we must have your full SS# OR we must have the last four digits of your SS# AND full date of birth.

Social Security # _____

Last Four Digits of Social Security # _____

Date of Birth (M/D/Y) _____

Signature of Caregiver _____

For Troop Product Sale Manager's Use
Verified girl is registered for 2023-2024 membership year: Yes No
Total \$ Amount Sold _____
Total \$ Amount Paid _____
Balance Due _____

Date _____