



# Cookie Program Permission and Responsibility Agreement

A signed copy of this form must be on file in the GSSI corporate office by December 1, in order for a girl to participate in the annual Girl Scout Cookie Program. Forms may be turned into your troop/group volunteer or submitted to GSSI at [cookies@girlscouts-gssi.org](mailto:cookies@girlscouts-gssi.org) or mailed to 5000 E. Virginia St., Ste. 2, Evansville, IN 47715

GIRL'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
City State Zip Code

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT'S/GUARDIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
Please Print

PARENT EMAIL \_\_\_\_\_ MOBILE \_\_\_\_\_

PARENT 1 EMPLOYER \_\_\_\_\_ PARENT 2 EMPLOYER \_\_\_\_\_

PARENT ADDRESS \_\_\_\_\_  
(If different from Girl's Address) City State Zip Code

SERVICE UNIT/REGISTRATION AREA \_\_\_\_\_ TROOP/GROUP # \_\_\_\_\_

TROOP LEADER(S) NAME(S) \_\_\_\_\_

.....  
My Girl Scout (girl's name) \_\_\_\_\_ has my permission to participate in the (provide program year) \_\_\_\_\_ Girl Scout Cookie Program, conducted by Girl Scouts of Southwest Indiana, Inc.

To ensure that the Girl Scout Cookie Program delivers maximum benefit to your Girl Scout and the thousands of other Girl Scouts who depend on caring adults to be good role models, GSSI assumes that parents/guardians will, in good faith, agree to:

1. Accept financial responsibility for all cookies your Girl Scout receives and understand that Girl Scout Cookies may not be returned.
2. Turn in the money owed—in full and on time—to the appropriate person (e.g., her adult troop/group volunteer or the GSSI office.)
3. Understand that the monies collected by a Girl Scout belong to her Girl Scout troop and to Girl Scouts of Southwest Indiana, Inc.

In the event that these funds are not paid on time, I understand that Girl Scouts of Southwest Indiana, Inc. reserves the right to initiate collection procedures. If a collection procedure is initiated, I understand that I will be responsible for all collection fees, attorney fees, and court costs. For the sake of my Girl Scout, I will ensure that she follows the rules set for the Girl Scout Cookie Program by Girl Scouts of Southwest Indiana, Inc., including observing safety guidelines, not selling prior to the start date, and that she has accountable adult guidance throughout the sale experience. Signature REQUIRED below.

SIGNATURE OF PARENT/GUARDIAN REQUIRED \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**Troop Leader is REQUIRED to RETURN THIS SIGNED & COMPLETED DOCUMENT TO THE COUNCIL OFFICE.**

Signed scanned documents can be emailed to: [cookies@girlscouts-gssi.org](mailto:cookies@girlscouts-gssi.org).

GSSI will provide copies of completed form at the troop leader's request.