

Cookie Permission Form

customercare@girlscoutshcc.org • 916.452.9181

girlscoutshcc.org

F	Return to your troop cookie m	anager before:			
My Girl Scout	Name) (Last	, is a I	registered member of Troop #		
for the 2024 membershi I have read all the Girl Sc Have my Girl Sc Be responsible for al Provide my Girl S Be responsible Understand that hours of receipt	o year and has my permission out Cookie Program materials out take orders beginning on Jor ALL Girl Scout Cookie order Girl Scout Cookies picked up scout with supervision and ad for turning in all money col	n to participate in to sand agree to: anuary 12, 2024 and s by my Girl Scoute and monies turne ult guidance llected for Girl Scoute can be replaced if	he Girl Scout Cookie Program. Id not before this date It, both Initial Orders and re-orders Id in to the troop Fout Cookies by March 17, 2024 I contact the troop cookie manager within 24		
acknowledge that if I fail	to remit the proceeds from the a collection agency and I w	ne sale of these co	d and the money collected for them. I okies to the troop cookie manager as due, the rest charges, in the amount of the maximum		
Caregiver Name:			Date:		
	(First Name)		Date:		
Mailing Address:					
City:	Zip Code:	Phone N	Number:		
Email Address:					
Lunderstand the following	o will serve as a record of the	nackages of Girl S	Scout cookies that are issued to my Girl Scout		

2024	VARIETIES - LISTED BY PACKAGES (Not Cases)										Number x \$6.00					
Date	Cookie Share	Adventurefuls	Toast-Yay	Lemonades	Trefoils	Thin Mints	P.B. Patties	Caramel deLites	P.B. Sandwiches	Caramel Chocolate Chip (GF)	Total Packages Issued	Total \$ Value of Cookies Issued	\$ Turned In	Balance Now Due	Caregiver Initials	TL/TCM Initials

and as a receipt for all monies I turn in for the cookies sold.