



Must be turned in with final paperwork

Girl Scouts of Citrus, Inc. 2012 Cookie Program

Parent/Guardian Permission & Responsibility Agreement

341 N. Mills Avenue, Orlando, FL 32803 T(407)896-4475 F(407)894-2178 www.citrus-gs.org

My Girl Scout _____, a member of Troop # _____, has my permission to participate in the 2012 Cookie Program and to allow any photographs taken or videotapes recorded during this activity to be used to promote Girl Scouting in Citrus. I will see that she honors any and all rules and procedures as set by the Girl Scouts of Citrus, Inc. and that she has adult supervision and guidance. My signature below indicates agreement with all 9 items listed below:

- 1) My daughter must be officially registered with Girl Scouts of the USA in order to participate.
- 2) I accept personal financial responsibility for all products received and monies collected as payment from customers.
- 3) I understand that the 2012 Cookie Program proceeds are Troop & Council property and *“The funds are for Girl Scout activities and are not to be retained by individuals as their property.”* (Girl Scout Safety-Wise Standard 28)
- 4) I agree that all money collected must be given to my Girl Scout’s Troop by the Council-set deadlines.
- 5) GSC reserves the right to seek the services of a collection agency and/or pursue legal action for delinquent accounts.
- 6) GSC reserves the right to substitute recognition items of equal or greater value with or without notice and that recognition items in the form of tickets are valid only on the date printed on the tickets. The recognition items are non-transferable and not redeemable for cash; GSC will not be responsible for lost, stolen or damaged tickets or cards.
- 7) Unsold product **cannot** be returned to, or exchanged at, Council offices or any Council Cupboard.
- 8) Adults serve in a supporting role for girls and should not assume sole responsibility for sales.
- 9) Girls or their families may not engage in selling on the Internet. Girls can use e-mail as a marketing tool to let family, friends and former customers know about the program.

***** Please turn this form in to your Troop Leader. *****

Parent/Guardian Name (Please Print)

Email Address (Please Print)

Home Address

City, Zip

Home Phone

Alternate Phone

Parent/Guardian Signature

Girls Signature