



# Permission to Participate in the 2024-2025 Cookie Program



\_\_\_\_\_ (please print child's

name), a member of Troop # \_\_\_\_\_ has my permission to participate in the 2024-2025 Cookie Program. I have read and understand the information in the Family Guide and agree to accept financial responsibility for all cookies and monies she receives. I understand the safety guidelines and will see that my girl scout has appropriate adult guidance and support at all times. I also agree to follow all Cookie Program Activity procedures and deadline. I understand that the troop proceeds belong to the troop and benefit all girl members of the troop and that proceeds do not belong to my girl scout.

\_\_\_\_\_  
Girl Scouts Adult's Name- Please Print

\_\_\_\_\_  
Signature of Girl Scout's Adult

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_ City/ Town

\_\_\_\_\_ Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address