Permission to Participate in the 2025-2026 Cookie Program

_____

(please print child's name)

A member of Troop #_____ has my permission to participate in the 2025-2026 Cookie Program. I understand and agree to accept financial responsibility for all cookies and monies my Girl Scout 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 deadlines. I understand that they troop proceeds belong to the troop and benefit all girl members of the troop and that proceeds do not belong to my girl scout.

_____

(please print Girl Scouts Adult's name)

_____

(Signature of Girl Scout Adult)

_____

(Mailing Address)

_____

(City/Town) (zip code)

_____

(phone)

_____

(email address)