Girl Scouts of Central & Western Massachusetts

2027 Cookie Program
Cookie Boss Participant Permission Form

Permission to Participate in the 2027 Cookie Sale Program

My child (please print) _____
has my permission to participate in the 2027 Cookie Program. I have read and understand the information in this letter and agree to accept financial responsibility for all cookies and money she receives. I understand the safety guidelines and will see that my child has appropriate adult guidance and support at all times. I also agree to follow all Cookie Program procedures and deadlines. I agree to abide by the Cookie Booth Etiquette Contract if I choose to participate in Cookie Booths.

_____

Signature of Parent/Guardian *Please Print*

_____

Mailing Address *City* *Zip Code*

Home Phone ..... *Work Phone*..... *Cell Phone*.....

E-mail: _____

Girl Scout's Grade.....

Cookie Cupboard you wish to pick up from each week: _____

Both of the GSCWM Leadership Centers, located in Holyoke and Worcester, are cookie cupboards. The cupboards are open Wednesdays from 3 pm to 6 pm, Thursdays from 11 am to 8 pm, and Fridays from 9 am to 6 pm.

In order to ensure we have all your information when you join the Cookie Boss Program, please make sure to specify the following options for specific incentive levels you may reach during the Cookie Boss Program:

250 Boxes of Cookie Sold Read to Explore! T-shirt size:_____

1000 Boxes of Cookie Sold Camp: Overnight or Day Camp: _____

Girl Scouts of Central & Western Massachusetts
2027 Cookie Program Reward Opt-Out Form Cookie Boss Participant

Junior, Cadette, Senior, and Ambassador Girl Scouts may elect to "Opt Out" of receiving the girl rewards in exchange for earning a higher amount in cookie credits.

If you decide to opt out of rewards, this form must be signed by a parent/guardian and submitted to your Cookie Boss Team Leader by *February* 25, *2027.*

Daisy and Brownie Girl Scouts do not have the choice of opting out of rewards

Girl Scout Age Level: ☐Junior ☐Cadette ☐Senior ☐Ambassador
(Please check the box for the correct age level)

Girl Scout's Full Name: .....
Phone: ..... Email: .....

By signing this form, you acknowledge that your Girl Scout has opted to forgo reward items in order to earn a higher amount in cookie credits.

Parent/Guardian Signature: _____

Please tell us your plans for the cookie credits?

_____
_____
_____
_____

DUE TO COUNCIL BY FEBRUARY 25 - Mail to: GSCWM, Cookie Boss Leader: Jessica Gonzalez, 301Kelly Way, Holyoke, MA 01040 or scan and email to jgonzalez@gscwm.org