



Girl Scouts®



COOKIE SALE PARENT / GUARDIAN RESPONSIBILITY AND PERMISSION

My Girl Scout _____ ,
a member of Troop _____ has my permission
to participate in the cookie sale. I agree to accept payment
responsibility for all cookies she receives and to see that she
has adult guidance at all times.

09/19

G-4

NAME _____
PARENT / GUARDIAN

ADDRESS _____

HOME TELEPHONE # _____

CELL TELEPHONE # _____

EMAIL _____

SIGNATURE _____
PARENT / GUARDIAN

DATE _____