

Alternate Phone Number

PARENT PERMISSION & RESPONSIBILITY FORM SOLO SALES 2025 COOKIE PROGRAM

My Girl Scout,			
1)	1) I understand my Girl Scout ${f must}$ be registered with Girl Scouts Carolinas	Peaks to Piedmont (GSCP2P) to participate.	
2)	2) I accept responsibility for all cookies received and all money collected and money due to GSCP2P in full and on time and that failure to pay will resul collection agency, civil action or criminal prosecution for any amount out: paying any fees or expenses associated with any collections processes. I w hands to or from me.	t in a 1% monthly late fee (12% APR) and the use of a professional standing. I further understand that I will be responsible for	
3)	3) I understand that all cookie money collected must be given to my designar reward items will be withheld until the council receives the outstanding be to the expiration of ticketed or time-sensitive reward items, the council with evalue of said rewards. The council will not issue reward items (mercha admission to events, etc.) to my Girl Scout, and I also understand that my account is not paid in full by March 10, 2025.	alance. If my account is delinquent and not brought current prior ill not be obligated to issue, replace/reissue, substitute or refund andise, patches, pins, Cookie Dough, Daisy Dollars, tickets,	
4)	4) I understand that any tickets, Cookie Dough, Daisy Dollars or invitations/or rewards program are valid only on the date(s) specified or printed on the understand the council will not be responsible for lost, stolen or damaged the right to substitute reward items of equal or greater value with or with	m. They are non-transferrable and not redeemable for cash. I tickets/invitations or Cookie Dough and that our council reserves	
5)	5) I understand that if my Girl Scout is found selling cookies before the office reward items or credit for those orders. I also understand that I cannot se		
6)	6) I understand that cookies are \$6 per package and my Girl Scout will charg	e only \$6 per package to her customers.	
7)	7) I understand that a council staff person will contact me after this form is and Solo Sales troop proceeds plan to me.	received at the council office to explain the girl rewards program	
8)	8) I understand that profits from the Girl Scout Cookie Program will be forw program. I also understand that troop proceeds belong to the entire troop		
9)	9) I understand that my daughter can receive up to 100 individual packages that payment must be turned in to my Solo Sales coordinator before getting		
10) I understand that I must submit my cookie order to my Solo Sales coordinator by the established deadlines. I further understand that I can only pick up cookies and turn in money on the dates and times set by my Solo Sales coordinator and that my designated service center is the only place I can pick up cookies and turn in money.			
11)	11) I understand that my daughter can return or exchange up to six (6) packages of each variety no later than February 13, 2025. I further understand that any packages not returned by this date are not returnable, and I am responsible for payment of all packages checked out to my daughter as of February 13, 2025.		
12)	12) I understand adults serve in a supporting role for girls and should not ass	ume sole responsibility for sales.	
13) If applicable, I will submit my Girl Scout's reward choices to the Director of Product Program by March 2, 2025.			
14) I understand that my daughter cannot participate in cookie booths, mini booths or the Cookie Tycoon program.			
Si	Signature of Parent/Guardian Printed Name	Date	
Cell Number Mailing Address, City, Zip		Mailing Address, City, Zip	
Home Number Physical Address, City, Zip		Physical Address, City, Zip	

PLEASE PRINT. FORM MUST BE FILLED OUT COMPLETELY AND RETURNED TO GSCP2P - DIRECTOR OF PRODUCT PROGRAM
208 UNION SQUARE, SUITE 101
HICKORY, NC 28601

E-mail Address