



Girl Scouts Heart of New Jersey
Product Programs Parent/Guardian

**FINANCIAL RESPONSIBILITY/
PERMISSION TO SELL**

My Girl Scout _____
a member of Troop # _____
has my permission to participate
in the 2012/2013 Spring Cookie Program. I agree
to accept payment responsibility for all products
she receives and to see that she has adult
supervision at all times.

I understand all products must be paid for by **the
end of the sale**. Please see your Troop Cookie
Manager for your Troop's payment schedule.

I agree to the following:

- ✓ My Girl Scout is currently registered
- ✓ No cookie orders taken prior to **1/14/13**
- ✓ Cookies sell for **\$4.00/box**
- ✓ Be responsible for all products ordered
- ✓ Understand that all orders cannot be returned
- ✓ Be responsible for all money collected
- ✓ Give money to the Troop Nut/Cookie Manager
on time
- ✓ Understand that all unpaid accounts will be
pursued through collection action
- ✓ Sign the GS Internet Safety Pledge (available
from the GSHNJ website) for marketing online

Parent/Guardian Signature:

Date:

Address:

Primary Phone:

Email:
