



PARENT/GUARDIAN PERMISSION AND RESPONSIBILITY FORM

Please remit to GSCV Help Desk. P.O. Box 11166 Richmond, VA 23230.

Dear Parent/Guardian:

When girls participate in the Girl Scout Cookie Program they get more than new adventures. They develop important life skills – goal setting, decision making, money management, people skills and business ethics – that will set them up for lifelong success.

Cookie Program proceeds provide direct and indirect support to our membership. Proceeds help support troops as a money earning project for programming events and activities decided on by girls. Members benefit as proceeds support programming initiatives, upkeep to camp properties, adult recruitment and training and providing financial assistance so all girls have access to the opportunities provided by Girl Scouts.

You can support your daughter by encouraging her to reach her goals.

Troop# _____ Name of Girl: _____ Date: _____

My daughter is a registered Girl Scout member and has my permission to participate in the 2016 Girl Scout Cookie Program.

I understand that all proceeds are troop or council funds and NOT the property of my daughter as per GSUSA policy.

Troops or adults participating in the Cookie Program may not have any outstanding debts with GSCV.

I agree to accept responsibility for all products and any money she receives. I understand that any products we order and receive **may not be returned**.

I will see that she does not sell prior to the official starting date, has adult guidance at all times and follows all safety guidelines.

I understand all payments for cookies received are due to the troop leader no later than April 7, 2016.

Should I write a check for my daughter's product sales, I agree that my account will be withdrawn electronically for the face amount, return check fee and return deposit item fee if it is returned unpaid.

I also understand GSCV maintains the right to initiate collections procedures for any unresolved accounts. If I am unable to meet this obligation, and it becomes necessary for the council to initiate collection procedures against me, I agree to pay all fees, including attorney fees (33 1/3% of outstanding balance).

Parent/Guardian: _____

Signature of Parent/Guardian: _____

Address : _____
Street City State Zip

SS #: _____ Date: _____

* A photocopy of a valid driver's license or photo ID from Virginia DMV will be accepted in lieu of social security number.

Place of Employment: _____

Phone #: _____ Email: _____

Venue Clause: Parent/Guardian expressly agrees to submit to personal jurisdiction in Virginia and agrees that the forum for any litigation pursuant to this agreement or any other contract between GSCV and the Parent/Guardian whether suit is brought by GSCV or the Parent/Guardian, shall be the City of Richmond, Virginia. This agreement shall be governed by and construed in accordance with the laws of Virginia.