



Girl Scouts of the Commonwealth of Virginia  
www.comgirlscouts.org • gshelper@comgirlscouts.org  
804-746-0590 • 800-4SCOUT4 toll-free

## PARENT/GUARDIAN AGREEMENT Please return this completed form to your troop leader.

Dear parent/guardian,

When girls participate in Girl Scout Product Programs, 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.

For the council and for direct and indirect support to the members, proceeds help support programming initiatives, upkeep to camp properties, adult recruitment and training, organizing Girl Scout troops and financial assistance so all girls have access to the opportunities provided by Girl Scouts. You can support your girl by encouraging her to reach her goals.

Troop # \_\_\_\_\_ Name of girl \_\_\_\_\_ Date \_\_\_\_\_

- ✓ My girl is a registered Girl Scout member and has my permission to participate in the 2024 Fall Product Program and/or 2025 Girl Scout Cookie Program.
- ✓ I understand that all proceeds are troop or council funds and **not** the property of my girl, per GSUSA policy.
- ✓ Troops or adults participating in any Product Program may not have any outstanding debts with Girl Scouts of the Commonwealth of Virginia.
- ✓ 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 my girl does not sell before the official starting date, has adult guidance at all times and follows all safety guidelines.
- ✓ I understand all payments for products received are due to the troop leader on dates as specified.
- ✓ If I write a check for my Girl Scout's product sales, I agree that my account will be debited electronically for the face amount, return check fee and return deposit item fee if it is returned unpaid.
- ✓ I also understand Girl Scouts of the Commonwealth of Virginia 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 <sup>1</sup>/<sub>3</sub> percent of outstanding balance).

Parent/guardian \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Driver's license # or state-issued ID # \_\_\_\_\_ Issuing state \_\_\_\_\_

Place of employment \_\_\_\_\_

updated July 2024