

**2026 Cookie Entrepreneurship Program
Parent/Guardian Permission and Financial Responsibility Agreement**

My Girl Scout, _____, a member of Troop _____, has my permission to participate in the 2026 Girl Scout Cookie Program.

For Girls Scouts:

- ◆ Cookies are \$6.00 per package. Gluten Free Caramel Chocolate Chip with Sea Salt are \$7.00 per package. There is no tax.
- ◆ Program dates are January 9th through March 1, 2026. Your Girl Scout agrees to practice good business ethics by not selling prior to January 9th. This is to ensure that all Girl Scouts have the same equal opportunity.
- ◆ You and Your Girl Scout agree to adhere to the safety guidelines and not utilize any Buy-Sell-Trade sites.
- ◆ The Cookie Entrepreneurship Program teaches important life skills that Girl Scouts will carry into their future. Therefore, adult participation is for your Girl Scout's safety and support only.
- ◆ To ensure my Girl Scout promises to uphold the Girl Scout Law by being honest and fair, friendly, and helpful, considerate, and caring, courageous, and strong, and responsible for what they say and do, and to respect myself and others, respect authority, use resources wisely, make the world a better place, and be a sister to every Girl Scout.

For Parent/Guardians:

- ◆ The parent/guardian accepts personal financial responsibility for all cookies received and for all money collected.
- ◆ The parent/guardian will be an example of practicing good money management by getting all receipts signed for cookies received and money turned in. It is the parent/guardian's responsibility to keep copies until the next Cookie Entrepreneurship Program.
- ◆ The parent/guardian agrees to the return policy set by their Troop Cookie Chair. This could be a 3-day turnaround of inventory. The purpose of this is to minimize financial risk for the parent/guardian and to help the Troop Cookie Chair have a more accurate understanding of their current inventory.
- ◆ The parent/guardian is responsible for turning in all money on time to their Girl Scout's Troop Cookie Chair. Any unpaid balances will result in three contacts to correct the issue prior to being turned over to collections.

Parent/Guardian Name		Email		
Address		City	State	Zip
Home #	Cell #	Work #		

By signing below, I acknowledge the above best practices for the Cookie Entrepreneurship Program.

Signature: _____ Date: _____