girl scouts of greater mississippi

2027 Cookie Program
Parent/Guardian Responsibility Form

The adult responsible for the payment of the cookies should complete this form. Please read this form carefully before signing.

I understand and agree to: (read and initial each line)

Participation Guidelines

My Girl Scout has my permission to participate in the Girl Scout 2027 Cookie Program. _____

My Girl Scout cannot participate in the Girl Scout 2027 Cookie Program unless all the blanks on this form are completed. _____

My Girl Scout cannot participate in the Girl Scout 2027 Cookie Program if she is not a registered Girl Scout for the 2026-2027 membership year. _____

Payment Agreement

I understand that once cookies are received in my Girl Scout's name, as her parent/caregiver I am responsible for collecting all monies owed and I am responsible for all monies received in payment of Cookies. _____

I understand that all unsold Little Brownie Cookies CANNOT be returned, and that I am responsible for payment of any unsold cookies received by or checked out in my Girl Scouts name. _____

I understand that I will turn in cash, cashier's check or money order to my Troop Leader for all Cookies received in my Girl Scout's name. _____

I understand that if I do not turn in all money for cookies received on my Girl Scouts behalf by March 01, 2027; I will be reported to the Council for non-payment. This may result in serious collection actions, rewards and cookie dough being withheld until payment is complete and/or only receiving rewards equal to the level of money turned in. _____

Girls Name _____ Troop Number _____

Girl's T-Shirt Size :

____ Youth Small	____ Youth Medium	____ Youth Large/Adult Small	____ Adult Medium
____ Adult Large	____ Adult X-Large	____ Adult 2XL	____ Adult 3XL

Responsible Adult _____ Date _____

Email Address _____ Cell Phone# _____

Employer _____ Work# _____

Additional Caregiver _____ Cell Phone # _____

Employer _____ Work# _____