



2024 Delinquent Caregiver Form-Cookie Program

Troop # _____ Community# _____

Girl First Name _____ Girl Last Name _____

Adult First Name _____ Adult Last Name _____

Home Address _____ City _____ Zip _____

Home Phone # _____ Cell Phone # _____

Caregiver Email _____

COOKIES & PAYMENTS

Total # of boxes received by caregiver _____

Total amount due*: _____

Total payments made*: _____

BALANCE DUE*: _____

*This information may be found under the "Girl Orders" tab in eBudde

REQUIRED PAPERWORK

- checkbox 2024 Product Program Participation Agreement for this girl (Original/Retain Copy)
checkbox 2024 Caregiver Training Form
checkbox Signed Receipts for cookies recieved
checkbox Signed Payment Receipts
checkbox 2024 Communication Log
o Include text, email, or phone communications with dates, times and description of communication

TROOP CONTACT INFORMATION

First Name _____ Last Name _____

Home Address _____ City _____ Zip _____

Home Phone # _____ Cell Phone # _____

Email _____

Signature _____

All Forms must be completed and submitted by email to
customercare@gsgateway.org by March 19, 2024