

2025 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

- 2025 Product Program Participation Agreement for this girl (Original/Retain Copy)
- 2025 Caregiver Training Form
- Signed Receipts for cookies recieved
- Signed Payment Receipts
- 2025 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 _____