

Caregiver Training Form

Present this form to all caregivers at your Family Meeting to ensure they have all the necessary dates and resources for Cookie Season.

Troop # _____

Community # _____

Troop Family Cookie Meeting

- Meeting Date: _____
- Benefits of Girl Scout Cookie Program and Troop Goal was discussed during the meeting : Yes / No
- Caregiver and Girl signed Product Participation Agreement: Yes / No

Troop Return Cookie Policy (Choose One)

- Cookies are non-returnable
- Cookies can be returned by this date: _____

Troop Process on ordering additional cookies (Choose One)

- Caregivers must pay for outstanding cookies before obtaining more
- Caregivers are allowed to obtain additional cookies without paying for previous obtained cookies

Caregiver payment for cookies (please fill in all due dates for payments)

Payments for cookies are due on:

I agree to adhere to the following Troop policies and provide my signature as acknowledgement.

Girl Scout Name: (Print) _____

Caregiver Name (Print) _____

Caregiver Signature: _____

Troop Leader Name: (Print) _____

Troop Leader Signature _____