



# Girl Scouts®

Girl Scouts of the Fox River Area, Inc.

## 2008 GIRL SCOUT TROOP COOKIE MANAGER AGREEMENT

Troop # \_\_\_\_\_ Service unit \_\_\_\_\_

Troop cookie manager (please print) \_\_\_\_\_

Street address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone number (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

Email \_\_\_\_\_

Troop leader \_\_\_\_\_

**I agree to be the Troop Cookie Manager for Troop # \_\_\_\_\_ for the 2008 Girl Scout Cookie Program.**

- I am/will be registered with the Girl Scouts of the USA, submitting required completed volunteer application.
- I will attend cookie training provided by the service unit cookie manager, noting and keeping to all deadlines relating to my position.
- I will conduct cookie training for the girls in my troop and their parents.
- I will keep accurate records of all cookie orders, product and money transactions, using receipts.
- I will be responsible for pick up, storage and delivery of product for the girls in the troop.
- I understand that I am financially responsible for the product, from the time I sign for it, until a parent has assumed responsibility by signing a receipt for it.
- I will deposit all money in the troop account, complete Internet entry or necessary paperwork and ensure a troop check for the amount due and reports are given to the service unit cookie manager by March 17, 2008 (door-to-door) and April 14, 2008 (booth).

**In support of my effort, the Girl Scouts of the Fox River Area and my service unit will:**

- Provide training on how to conduct the cookie program.
- Provide materials necessary for a successful program.
- Provide recognitions for the girl program.
- Provide support services, via service unit cookie manager, council product program coordinator and product program assistant.

I will do my best to uphold my responsibilities as a troop cookie manager. I understand this is a one year appointment. If for any reason (medical, personal, etc.) I cannot fulfill my tasks as a troop cookie manager I will let my troop leader and service unit cookie manager know immediately.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please check one (1):

\_\_\_ I will make use of the provided Internet program in processing and reconciling my troop's sale.

\_\_\_ I will NOT make use of the provided Internet program, choosing to complete and submit paper forms.