

2018 TROOP COOKIE MANAGER (TCM) AGREEMENT

Access to eBuddle will not be provided and cookie orders and booth requests will not be approved without a fully completed and signed primary TCM agreement on file with GSSWT. Print legibly.



Identification # _____ Community _____
(Identification # assigned by Product Program dept.)

Level (check ONE) [] D [] B [] J [] C [] S [] A

Parent Name _____

Girl Name _____

Day Phone _____ - _____ Evening Phone _____ - _____ Other _____ - _____

Address _____ City _____, TX ZIP _____

Email Address _____

(CCMs and the Product Program Dept. primarily use email communication during the sale.)

Social Security # _____ Driver's Licence # _____ St _____

INITIAL EVERY statement below once you have read and understand.

- _____ I have thoroughly read this 2018 Troop Cookie Manager Agreement (IRG), completed a 2018 Troop Cookie Manager training session and agree to accept this volunteer position for the duration of the 2017-2018 cookie season.
 - _____ I agree to demonstrate dependability, honesty and credibility, follow through on all responsibilities, and empower girls to lead activities, learn by doing, and cooperate with others while having fun and **ensure that my girl will not begin selling before Mon., Jan. 1.**
 - _____ I have thoroughly read and understand the terms of the Individually Registered Girl Funds Guide.
 - _____ I agree to meet deadlines and due dates, and complete all required paperwork. In the event I am unable to fulfill my duties as Troop Cookie Manager for my group anytime during the sale, I will immediately notify my Community Cookie Manager and turn over all materials, paperwork and money.
 - _____ I further understand that all completed forms will have my full signature.
 - _____ I will get and keep receipts for all exchanges of cookies or monies throughout the cookie program and turn in required end-of-program copies by due dates set and retain a copy for record for one (1) year.
 - _____ I understand that I am purchasing all cookies I sign for on the cookie order/delivery forms at \$4 per package, and as such will pay GSSWT for all cookies so purchased unless I turn in signed receipt forms entitled Money and/or Cookie Receipt and/or Transfer Receipt showing I have turned over the cookies to another parent/guardian or volunteer.
 - _____ I understand that COOKIES MAY NOT BE RETURNED TO GIRL SCOUTS OF SOUTHWEST TEXAS, COMMUNITY OR DELIVERY AGENT.
 - _____ For cookies turned over to said third party (*must have a copy of completed receipt*), I will not be legally responsible.
 - _____ I agree to protect money received for cookies, not use it for my own benefit and never leave it unattended.
 - _____ I understand that I will be legally responsible for any money collected until I deposit ALL money to the Product Program department at Girl Scouts of Southwest Texas.
 - _____ I will make regular deposits (preferred twice a week, but at a minimim once a week) to Product Program department at Girl Scouts of Southwest Texas.
 - _____ I will turn over 100% of the proceeds to council.
 - _____ I will allow my girl to chose her rewards, if applicable, and pick those rewards up in a timely manner.
 - _____ In the event I do not pay for the cookies I purchase, I agree to reimburse all cookie monies due and collection and/or attorney's fees.
- Note: Collection solely performable and solely enforceable in Bexar Co., Texas.

Troop Cookie Manager Signature _____ Date _____

Signature also required on reverse.

Acknowledgement of Receipt of Cookie Companion for 2018 Girl Scout Cookie Program

The 2018 Cookie Companion describes important information about Girl Scouts of Southwest Texas, and I understand that I should consult the Product Program department regarding any questions not answered in the 2018 Cookie Companion.

Since the information, policies, and procedures described here are necessarily subject to change, I acknowledge that revisions to the 2018 Cookie Companion may occur. All such changes will be communicated through official notices. I understand that revised information may supersede, modify, or eliminate existing policies.

I have received the 2018 Cookie Companion and I understand that it is my responsibility to read and comply with the policies contained in this Cookie Companion and any revisions made to it.

IRG Cookie Manager's Name (print) _____

IRG Cookie Manager's Signature _____ Date _____