

2018 TROOP COOKIE MANAGER (TCM) AGREEMENT

Access to eBudde 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.

Check one: Primary TCM Alternate TCM

Troop/Group # _____ Community _____
(A separate TCM agreement is required for each troop/group.)

Level (check all that apply) D B J C S A

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 _____

My troop has a troop bank account Yes No Pending

Bank Name _____ Account # _____

Membership/Volunteer Status (check and initial)

- Y N ___ I am a registered adult Girl Scout member for the 2017-2018 membership year.
- Y N ___ I have a cleared criminal background check (CBC) on file with GSSWT (good for 3 years).

INITIAL EVERY statement below once you have read and understand.

- _____ I have thoroughly read this 2018 Troop Cookie Manager Agreement (Troop), 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.
- _____ 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 the troop/group leadership and Community Cookie Manager and turn over all materials, paperwork and money.
- _____ I understand that I will NOT hand out program materials or cookies to any parent/guardian who has not turned in a signed permission form for their Girl Scout and **will ensure that no girls begin selling before Mon., Jan. 1.**
- _____ I further understand that all completed forms will have my full signature and the parent/guardian, leader or other group adult's full signature.
- _____ I understand that I MUST give and get receipts with ABSOLUTELY every cookie package and/or money transaction.
- _____ I will 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 a parent/guardian.
- _____ 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 will NOT issue additional cookies to a parent/guardian until they have turned in money for cookies already signed out.
- _____ I agree to protect money received for cookies, not use it for my own benefit and never leave it unattended.
- _____ I further agree that I will issue signed receipts for all monies I collect and I will be legally responsible for and SAFEGUARD such money until I deposit money into the council-approved troop bank account; I will make deposits at least two or three times weekly during the sale.
- _____ I will keep bank-validated troop bank deposit receipts.
- _____ I will turn over all troop/group proceeds to the troop/group treasurer or leader, or ensure that the proceeds are deposited into the troop/group bank account and keep all receipts for all transactions.
- _____ I will NOT allot troop profits to individual girls based on how many packages each girl sold.
- _____ I will allow girls to chose their rewards, if applicable, and distribute those rewards when received in a timely manner.
- _____ In the event I do not pay for the cookies I purchase or fail to turn over monies given to me for GSSWT or my troop/group, 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.

Troop Cookie Manager's Name (print) _____

Troop Cookie Manager's Signature _____ Date _____