

Girl Scouts of Gateway Council, Inc.
1000 Shearer Street
Jacksonville, FL 32205
(904) 388-4653 1-800-347-2688

Date Trained: _____
Location Trained: _____ _____

TROOP COOKIE ACTIVITY MANAGER AGREEMENT

Troop Information:

Date _____ Service Unit _____ Troop # _____

Leaders' Name _____ Email Address _____

Address _____ City _____ Zip _____

Leaders' Phone # Home () _____ Work () _____

Troop Cookie Activity Manager:

I, _____, have read the Troop Cookie Activity Manager job description and agree to accept the position with the full knowledge that I am responsible for a complete accounting of all cookies and related monies for the above stated troop. I agree to fulfill these required duties to the best of my ability. I understand that the troop cookie bill must be paid in full and any outstanding debt reported at the end of the sale. In the event of failure to provide Girl Scouts of Gateway Council with the information requested for any outstanding debtors, I will be responsible for the outstanding cookie payment due and all costs associated with the collection process. I understand that the Service Unit Cookie Activity Manager and Council Director of Product Sales are available to help me and I will contact them for assistance as needed. I also agree to keep my troop leader informed of the progress of our troop's cookie sale.

(Please Print) Last Name	First	M.I.	Date
Signature	Drivers License Number/State		
Date of Birth	Expiration Date of License		
Address			
Street	City	Zip	
Telephone # Home () _____		Work () _____	
Cell # () _____		Email Address _____	
Emergency Contact Name _____			
Phone # () _____			

White Copy – Council Yellow Copy – Service Unit Cookie Activity Manager Pink - Signer

