

**Caregivers, please read, complete, and sign this form for each Girl Scout participating in the 2024 Fall Product Program. Products may not be picked up and money may not be collected from customers until this form is on file with your troop product manager.**

Caregiver support is critical to your Girl Scout's success. We ask for your help in agreeing to the following:

- I agree to only sell products with my Girl Scout via the paper order card and/or M2 online system and within the program timeframes as outlined below:
  - \* **Sept. 25-Oct. 13:** Girl Scouts take paper orders and launch M2 storefront—no money collected at this time, except Care to Share donations or online payments made through M2 storefront
  - \* **Oct. 13:** All orders collected via paper order card entered online in M2 system
  - \* **Sept. 25-Oct. 23:** Online orders for magazines, tumblers, BarkBox and direct ship nuts/chocolates
  - \* **Oct. 30-Nov. 17:** Deliver product and collect money (for orders collected via paper order card)—product may be delivered as soon as received
  - \* **Nov. 17:** 100% of money from orders collected via paper order card due to troop product manager
- I agree that products will only be sold at the price indicated on the order card and M2 storefront.
- I agree to accept online payment for products *only* through the M2 Media online storefront platform.
- I agree that 100% of donation funds accepted will be recorded/reported as Care to Share donation items.
- I agree to obtain signed receipts for all product and money exchanged with the troop product manager.
- I understand that unsold product cannot be returned to the troop or council. Once signed for, all products are the financial responsibility of the adult signing the receipt.
- I will ensure my Girl Scout is properly supervised by an adult while taking orders (in person, and/or online) and while delivering products.
- I agree to turn in 100% of money collected to the troop product manager.
- I understand that I will be charged a \$40 late fee if full payment is not made by the deadline above. If collection action is needed, I agree to pay reasonable attorney fees and costs of collection.

-----Top section for caregivers; bottom section for troop product manager-----

My Girl Scout, \_\_\_\_\_, a member of troop # \_\_\_\_\_ or an individually registered member (IRM) # \_\_\_\_\_, has my permission to participate in the 2024 Fall Product Program. I agree to accept financial responsibility for all of the products and money received and that I will be held liable in the event it is determined by Girl Scouts of Western Washington or their insurance company that there is loss due to fraud, neglect or misappropriation of products and/or funds.

**I have reviewed the above information and agree to be held responsible to the terms of this agreement by signing below.**

Caregiver Name(s) \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_