

PURPOSE: To coordinate and direct the annual Girl Scout Cookie Program at the troop/group level.

ACCOUNTABLE TO: Service Unit Cookie Coordinator and GSNI Product Program Manager, by annual appointment

RESPONSIBILITIES:

- Meet with the troop/group prior to the Cookie Program distributing forms to each girl and training them on selling safety.
- Check the progression of the sale periodically.
- Complete the online troop worksheet recording each girl's sale. Add extra cookies for cookie booths or direct sales, if desired.
- Make arrangements with Service Unit Cookie Coordinator and parents for pick up of cookies.
- If the troop/group plans to hold a cookie booth, organize this through the cookie booth scheduler in the Online Ordering System.
- Total and deposit money received from the sale into the troop/group account by deadline.
- Accept delivery and distribute incentive items to girls.
- Give all receipts and financial records to the leader to be kept for three years.

QUALIFICATIONS:

- Commitment to the Girl Scout Promise and Law
- Ability to plan and organize
- Good communications skills
- Accurate record keeping
- Attend training provided by the service unit
- Computer accessibility
- An understanding of finances

IMPORTANT DATES:

- Order-taking January 2 – 22
- Delivery to service units February 13 – 18
- Cookie Booth Sales Feb. 24 – March 18

**Note: Registration as an adult member of Girl Scouts is required. This position will also require a criminal background check to be performed and submittal of an application.**

*(Please return bottom portion to your Service Unit Manager or Service Unit Cookie Coordinator)*

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**Please print:**

Troop # \_\_\_\_\_ Level \_\_\_\_\_ Service Unit \_\_\_\_\_

Troop/Group Leader \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

E-Mail Address \_\_\_\_\_

Number of girls in troop/group \_\_\_\_\_ Number of girls participating in the sale \_\_\_\_\_

**TROOP COOKIE CHAIR INFORMATION: (Please Print)**

Name \_\_\_\_\_

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

E-Mail Address \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Other Number (\_\_\_\_) \_\_\_\_\_

As a troop cookie chair, I agree to the above responsibilities.

Signed \_\_\_\_\_

**Leader should submit this form whether troop cookie chair is in place or not.**