

Troop Leader/ Fall Program Coordinator: _____

Phone: _____ **Email:** _____

Troop #: _____ **Service Unit Name/#:** _____

- For MY2027 TRM opt-out has been opened to all troop levels.
- All selling Girl Scouts within the troop must agree to this option.
- Troop will earn an additional 5% troop proceeds at the end of the program
- Each caregiver must sign an [Annual Permission Health Form](#) and the Opt-Out Agreement (below).
- Troop Fall Program Manager must send the completed Opt-Out Agreement by the deadline to:
 - GSNYPENN New Hartford Service Center, Attn: TRM Opt-Out, 210 Old Campion Rd, New Hartford NY 13413
 - Or email it to info@gsnypenn.org with “TRM Rewards Opt-Out from Troop (your troop number)” in the subject line

Caregiver Consent and Girl Scout Agreement

My Girl Scout has my permission to participate in the Fall Treats, Reads & More Program reward opt-out. In doing so, we understand that the troop will receive 5% additional troop proceeds at the end of the program. We understand by signing this agreement; my Girl Scout will ***not*** receive ***any*** individual or troop rewards or experiences other than patches (based on her individual sales).

Girl Scout's Name (please print)	Girl Scout's Signature	Caregiver Signature & Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Need additional space? Please attach a second Opt-Out Form
Questions? Email info@gsnypenn.org