



Girl Scout Year: 20____

Product Sales Program (select one):

____ Fall Product ____ Cookie Program

Product Program Parent/Guardian Permission Form

This section must be completed and signed before order cards and other program materials are distributed. The Troop Fall Product/Cookie Manager (TFPM/TCM) retains ALL copies of this form until products are picked-up and signed for.

My daughter has voted to take the (circle one): **Incentives** Available to all levels **Extra Proceeds** Available to Junior-Ambassador levels only

My Girl Scout _____, a member of Troop # _____, has my permission to participate in the program selected above. **I accept** financial responsibility for all products ordered and money she receives. **I will ensure** she has adult supervision during the sale at all times. **I understand** that the products cannot be returned.

I also understand and agree that if I do not pay for the products accepted by my Girl Scout, Girl Scouts in the Heart of Pennsylvania may take collection action against me. The collection action will seek any delinquent unpaid balances from me, and require that all related costs be paid. I understand that the courts of Dauphin County, PA will have jurisdiction for the purposes of collection.

Please note that ALL Parents'/Guardians' information and signatures are required!

Parent/Guardian Name _____ Relationship to child (optional) _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Parent/ Guardian Signature _____ Date ____/____/____

Parent/Guardian Name _____ Relationship to child (optional) _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Parent/ Guardian Signature _____ Date ____/____/____

Product Receipt and Financial Responsibility Agreement

This section is to be completed and signed when product items are picked up from the TFPM/TCM.

White Copy –TFPM/TCM retains until Total Amount Due is paid in full and then submits it to SUFPM/SUCM.

Yellow Copy – TFPM/TCM gives to parent/guardian when account is paid in full.

Pink Copy- TFPM/TCM gives to parent/guardian with product pick-up.

Product Item	Cost per item	Number of Items	Amount Due (number of items x cost)	Amount Paid	Project Cookie Jar/ Share/Magazines	Balance Due
1.	\$		\$	\$		\$
2.	\$		\$	\$		\$
3.	\$		\$	\$		\$
4.	\$		\$	\$		\$
5.	\$		\$	\$		\$
6.	\$		\$	\$		\$
7.	\$		\$	\$		\$
8.	\$		\$	\$		\$
9.	\$		\$	\$		\$
10.	\$		\$	\$		\$
11.	\$		\$	\$		\$
12.	\$		\$	\$		\$
13.	\$		\$	\$		\$
14.	\$		\$	\$		\$
15.	\$		\$	\$		\$
16.	\$		\$	\$		\$
PCJ/Share Donations	\$		\$	\$	\$	\$
Magazine	\$		\$	\$	\$	\$
Totals			\$	\$		\$

I have reviewed the above information and agree that I have received the items as shown. I agree to provide **full payment** of \$_____ to the **TROOP FALL PRODUCT/COOKIE MANAGER (TFPM/TCM) NO LATER THAN the deadline of _____.**

Parent/Guardian Signature _____

Parent/Guardian Signature _____

TFPM/TCM Signature _____ Date ____/____/____