



GIRL SCOUTS®

Girl Scouts of Northern Illinois - Rockford Service Center
2009-2010 Cookie Product Program
Parent/Guardian Permission Slip

Dear Parent/Guardian,

Every day offers us an opportunity to help a girl grow - at home and school, with her family and friends. What she does in Girl Scouting today, including her participation in Product Program activities, will help her expand her horizons, help her grow, and celebrate who she is so she has the confidence to stand tall and reach high. Your role as a parent/guardian is to help your Girl Scout, and her troop, realize their potential and assist in the skill building that comes through their participation in the Girl Scout Product Program.

All Girl Scouts participating in the Cookie Program must have a signed Parent Permission Slip.

- My daughter/ward (please print First and Last name) _____ is a currently registered Girl Scout of Northern Illinois in troop # _____.
My daughter has permission to participate in the 2009-10 Cookie Program.
I understand that orders cannot be taken before January 8, 7pm. Early sales may make the girl and troop ineligible for troop proceeds, awards, and certificates. There will also be a \$25.00 penalty per girl for selling early.
I understand we may not post ads on Craigs List, Ebay, or in newspapers -ever. We may not post flyers prior to the start selling date.
I will accept financial responsibility of all cookie ordered and picked up and will remit total payment due. If any product is damaged or stole in my care, I am still responsible. (Contact your insurance company for assistance if this happens)
I understand that the money for product sales is NOT MINE, and may not be used to settle personal debts. The money must be turned in to the Troop Cookie Program Manager.
I agree that products will be delivered to customers and payment collected on the schedule indicated by the Council.
I understand that undelivered/unsold product cannot be returned to the troop or Council for refund or credit.
I understand and agree that should GSNI initiate legal proceedings against me for the collection of unpaid sums for products, GSNI shall be entitled to recover attorney's fees and court costs incurred.

PLEASE USE INK AND PRINT CLEARLY.

Parent/Guardian Name (please print)

Parent/Gaurdian Signature

Address

City

State

Zip

Home Phone

Cell Phone

E-mail

Parent Receipt for Cookies

<u>No of Items</u>	<u>Extra Items</u>	<u>Product</u>	<u>Price</u>	<u>Amount Due</u>	<u>Amount Paid</u>	<u>Amount NOT Paid</u>
		Caramel deLites	\$3.50			
		Peanut Butter Patties	\$3.50			
		Shortbread	\$3.50			
		Thin Mints	\$3.50			
		Peanut Butter Sandwich	\$3.50			
		Lemonades	\$3.50			
		Daisy Go Rounds	\$3.50			
		GIFT OF SHARING	XX			
		TOTAL DUE	XX			

Parent/Guardian must sign for items picked up.

I, _____, have received the above items from _____ on _____ and understand that I am obligated to pay for these items by troop deadline. If product is damaged or stolen, I understand that I am still responsible (contact your insurance for assistance).

Troop Product Manager:

Please have the parents count their items and sign this form(after they count). If no balance due from parent, you may discard this form. If there is a balance due, attach the signed permission slip and this form to your Troop Final Report.

If any parent owes money at the end of this sale, please indicate reasons, as well as the date and method of parent contact below.

Money not received because: _____

Date and method of contact: _____