

## Product Program Permission/Financial Responsibility Form

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

I give permission for my Girl Scout \_\_\_\_\_ to participate in  
(Girl's First and Last Name)

the \_\_\_\_\_ Fall Product Program and/or the \_\_\_\_\_ Cookie Program through Girl Scouts of  
Year Year

Northern Illinois (GSNI).

**Required Information:** Any unauthorized alterations of this form or failure to complete this form in it's entirely will results in my Girl Scout's inability to participation in Product Programs.

\_\_\_\_\_  
Parent/Guardian Name Phone

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

\_\_\_\_\_  
Mobile Phone Email Address

I understand that my signature verifies that I have read and acknowledge the following:

- I agree to accept personal financial responsibility, including, but not limited to, payment for for all orders and monies for which my Girl Scout is accountable and will observe and adhere to all procedures and deadlines imposed.
- My Girl Scout will follow appropriate safety guidelines.
- All monies or proceeds from or related to the Product Programs are the property of GSNI.
- GSNI has the right to take necessary steps to recover any and all outstanding debt.
- In the event that any unpaid balance is placed for collection with a third-party agency and/or placed with an attorney to obtain judgment or otherwise satisfy payment of an account, all collection costs, attorney fees, filing fees, interest and court costs will be added to the total amount due.
- My Girl Scout is a registered member of GSNI and is current with prior financial obligations.

\_\_\_\_\_  
Signature of Parent/Guardian Date