

Product Sales Financial Responsibility Form

Service Unit #:	Troop#:	Troop#:	
give permission for my daughter:	to participate	to participate in the	
Magazine & Snack Program and/or the	he Cookie Program through Girl Scouts of year	f North East Ohio.	
*******Information and destroyed at the end of the	is maintained by the Troop Leader/Product Managerogram year if there is no outstanding debt from	ger either sale.******	
Required Information: Any unauthorized alterate articipation in product sales program activities.	ions of this form, or failure to complete this form in its entirety, will result in	the Girl Scout's non-	
Parent/Guardian Name:	Phone: () Mobile #	Home #	
Address:	City: Zip:		
	Work Phonos (
race of Employment.	Work Phone: ()		
Date of Birth (mm/dd/yyyy):	Driver's License or State ID Number:	State:	
I understand that my signature	verifies that I have read and acknowledge the follo	wing:	
	nsibility for all orders and monies for which my daught nd adhere to all procedures and deadlines imposed.	ter is	
 My signature verifies that my daw with all prior financial obligations 	ughter is registered with Girl Scouts of North East Ohi s.	o and is current	
I will be sure my daughter follows	s appropriate safety guidelines.		
• I understand that product ordere	d may <u>not</u> be returned.		
 All money earned is the property individual. 	of Girl Scouts of North East Ohio and is not to be retained.	ained by any one	
Girl Scouts of North East Ohio w	vill take necessary steps to recover all outstanding deb	ots.	
X Signature of Parent/Guardian:	Date		