girl scouts of northern indiana-michiana

Girl Scout Product Program Responsibility Agreement

Troop #_____ Year 20____

I acknowledge that my Girl Scout has permission to participate in the Girl Scout Fall Product and Cookie Program and that I am financially responsible for all product and money received.

Girl Scout Name	Caregiver Printed Name	Caregiver Signature	Relationship to GS	Date

Please have a caregiver for each participating Girl Scout sign this form and keep with troop records for the remainder of the current Girl Scout year. For delinquent families, submit this form along with remaining required documents to frontdesk@gsnim.org.