



GIRL PRODUCT PROGRAM PERMISSION FORM

Dear Parent/Caregiver: Thank you for supporting your Girl Scout in the Product Program. Your role in the Girl Scout Product Program is to help your Girl Scout grow her entrepreneurial spirit and assist as the girls learn the 5 Skills for girls-goal setting, decision making, money management, people skills and business ethics- that come through participating in the Girl Scout Product Programs. If you have questions or concerns regarding any aspect of the Product Programs, please contact the Troop Leader.

My Girl Scout _____, a member of Troop _____, has my permission to participate in the Fall Product and/or Cookie Program. I will ensure that she honors all rules and procedures as set by Girl Scouts of Northern Indiana-Michiana (GSNI-M) and that she has adult supervision and guidance. **My signature below indicates agreement with all items listed below.**

AS PARENT/CAREGIVER, I AGREE TO THE FOLLOWING PARTICIPATION GUIDELINES:

My daughter must be registered with Girl Scouts of the USA and GSNI-M in order to participate.

1. Girls should have involvement in **all** sales. Adults provide support to girls and should not have sole responsibility for sales.
2. I understand that the Fall Product and Cookie Program proceeds are GSNI-M property and that the income does not become property of individual girl members.
3. I agree that product will be delivered to customers and payment collected as required by GSNI-M. I understand that undelivered/unsold product **cannot** be returned to GSNI-M for refund or credit.
4. I understand that I should never owe the troop for more than the value of 40 boxes of cookies at any time.
5. I understand that I should receive a receipt from the Troop Product Volunteer(s) anytime product or money changes hands. I should keep that receipt until my daughter receives her incentives.
6. I understand that money from any Product Program Sales is **not mine or my daughter's** and must be turned in **on time** to the Troop Product Program Coordinator or Troop Leader, or any earned rewards will be withheld. I understand that if I fail to turn in the money from any Product Program by the due date, the outstanding balance will be turned over for collections and/or I will face legal action. If the outstanding balance is turned over for collections, I agree to be responsible for a \$35.00 collection fee. I further agree that in the event that my outstanding balance is referred to an attorney for collection, I will be responsible for all costs of collection, including reasonable attorney fees.
7. I understand that if my account is delinquent at the time of the final rewards order, GSNI-M will not be obligated to reissue, replace, substitute, or refund the value of said rewards.
8. I agree that products will be sold only during the periods of time indicated by GSNI-M and through approved methods. For safety and security reasons, sales, and marketing on the internet for any Girl Scout troop/group money earning activities may not be conducted by individual girls, parent, or other adults except as provided for in the Girl Scouts of the USA Product Sale Guidelines and with appropriate parental permission. Early and/or prohibited sales may make a girl ineligible for rewards.
9. GSNI-M reserves the right to substitute reward items of equal or greater value with or without notice. The reward items are non-transferable and not redeemable for cash. GSNI-M will not be responsible for lost, stolen or damaged items.
10. Information for Product Program can be found at www.gsnim.org under the Cookies tab.

PLEASE USE INK AND PRINT CLEARLY. (all fields are required)

Parent/Caregiver (**Please Print**) _____ Date _____

Parent Address _____ City/State _____ Zip _____

Parent Phone _____ Driver's License # and Issuing State _____

Place of Employment _____

Email Address _____

Parent Signature _____ Service Unit _____

07/2023