



Girl Scouts of Southeastern Michigan

Agreement to Assume Debt for Product Programs–Juliettes

The purpose of this form is to clearly spell out the financial and procedural requirements for the parent/guardian assisting the Juliette Girl Scout with her product programs, specifically, the person responsible for fulfilling all requirements and obligations of the product program for the Juliette Girl Scout.

Parent/Guardian Name _____ Email _____

Address _____ City _____ Zip _____

Phone (day) _____ Cell _____

Please indicate which product program you are completing this form for (mark all that apply):

_____ 2025 Fall Product Program

_____ 2026 Cookie Program

Juliette's Name (first, last): _____

Rewards Pickup:

Please select the preferred location for picking up your Juliette's FPP product & rewards as well as CP rewards.

Reward pickup locations*

Clinton Twp Service Center, 42800 Garfield Rd Clinton Twp, MI 48038

Detroit Service Center, 1333 Brewery Park Blvd, Suite 500, Detroit, MI 48207

Flint Service Center, Gateway Centre, 5400 Gateway Centre Dr, Suite B, Flint, MI 48507

Port Huron Service Center, Birchwood Mall, 4350 24th Ave, Space 518, Fort Gratiot, MI 48059

Southgate Service Center, 1 Heritage Place, Suite 140, Southgate, MI 48195

White Lake Service Center, 8545 Highland Rd, White Lake, MI 48386

**Please pick one location.*

Obligation for Debt:

I understand that I am taking responsibility for all product program monies owed to GSSEM.

(Initial) _____

I understand that all funds must be accounted for. (Initial) _____

I understand that GSSEM may pursue collections and criminal charges against me if funds are not accounted for. (Initial) _____

I understand that all money collected from product programs belongs to Girl Scouts of Southeastern Michigan, and I may not personally use these funds for any reason. (Initial) _____

Responsibility for following product program procedures:

I understand that I am responsible for pickup and delivery of all products to customers promptly.
(Initial) _____

I understand that I am responsible to know the balance owed to GSSEM for my Juliette Girl Scout on an on-going basis. My balance can be obtained from the GSSEM finance department. (Initial) _____

I understand that Juliette's will earn program credits based on the ranges, not dollar for dollar.
(Initial) _____

I understand that Juliette's cannot earn tiered proceeds or opt out of rewards for additional proceeds. _____ (Initial)

I understand that the M2oS and eBudde Sales report is not for Juliette use and will not provide an accurate balance due. I should contact gssem-finance@gssem.org for any questions regarding amount owed, and credits earned. _____ (Initial)

Signature – Parent/Guardian

Date