



Girl Scouts of Southeastern Michigan

## Agreement to Assume Debt for Product Programs–Troop

The purpose of this form is to clearly spell out the financial and procedural requirements for the position of troop product program manager, specifically, the person responsible for fulfilling all requirements and obligations of the product sale program for their troop.

Troop # \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Please check the GSSEM Product Program(s) the troop will be participating in during the 2025-2026 Membership year

\_\_\_\_\_ 2025 Fall Product Program \_\_\_\_\_ 2026 Cookie Program

### Rewards Pickup:

Please select the preferred location for picking up your FPP and 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 the Girl Scout troop and to the Girl Scouts of Southeastern Michigan, and I may not personally use these funds for any reason. (Initial) \_\_\_\_\_

I understand that volunteers who misuse funds for which they are responsible will be released from all positions with GSSEM. (Initial) \_\_\_\_\_

**Responsibility for following product program procedures:**

I understand that I must be a registered Girl Scout adult member with an approved background check on file to serve as the troop product program manager. (Initial) \_\_\_\_\_

I understand that I am responsible for monitoring the troop's online Fall Product Program and/or Cookie Program account and promptly notifying GSSEM of any product transactions not authorized by the troop. (Initial) \_\_\_\_\_

I understand that I must deposit all money turned in to me by parents/guardians and from booth programs promptly into the troop's bank account. (Initial) \_\_\_\_\_

I understand that I must provide parents/guardians with a receipt anytime products are distributed or monies are collected. (Initial) \_\_\_\_\_

I understand that volunteers who do not follow product program procedures will be released from all positions with GSSEM (Initial) \_\_\_\_\_

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Signature - Troop Product Program Manager

Date

Thank you for taking on this responsibility, without you, there would be no product programs!

**Note: GSSEM is no longer collecting any unpaid parents on behalf of the Troop. It is the troop's responsibility to set up a payment schedule from parents and collect money due to the Troop.**