



Girl Scouts of Southeastern Michigan

Product Program Parent Permission and Agreement to Assume Debt

The purpose of this form is to grant permission for your Girl Scout to participate in the 2025 Fall Product Program and 2026 Cookie Program, and to assume responsibility for debt from those programs. This form should be submitted to the troop leader.

Girl Scout Name: _____ Troop Number: _____

Family Information:

Parent/Guardian: _____

Address: _____

City: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email address: _____

Obligation for Debt:

I understand that I am responsible for full and timely payment for all products accepted by any member of my household. (Initial) _____

I understand that GSSEM may pursue collections against me if funds are not turned into the troop. (Initial) _____

Product Program Participation and Procedures:

I grant permission for my Girl Scout to participate in the Fall Product Program and/or Cookie Program. (Initial) _____

I understand that as part of this program, I am responsible for meeting all deadlines set by the troop leader. (Initial) _____

I understand that as part of this program, I will be responsible for timely pick-up and delivery to customers for all orders secured by my Girl Scout or any member of my household. (Initial) _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

Thank you for taking on this responsibility. Without you, there would be no Product Programs!