

Please read and complete the information below and return the form to your troop leader for every registered Girl Scout who participates in the Fall Product Program. Troop leader retains the form for their troop records.

**Text will resize as you type.  
Please PRINT or TYPE all information.**

## GIRL SCOUT'S INFORMATION

Name:

Troop # **OR** Independent Juliette:

Service Unit:

County:

Grade Level:

Daisy (grades K-1)	Brownie (grades 2-3)
Junior (grades 4-5)	Cadette (grades 6-8)
Senior (grades 9-10)	Ambassador (grades 11-12)

## PARENT/GUARDIAN'S INFORMATION

First Name: MI:

Last Name:

Home Mailing Address:

City: State: Zip:

Phone (home):

Phone (cell):

Employer:

Work Phone:

Business Address:

City: State: Zip:

New York State Driver's License:

Email Address:

### **My Girl Scout has my permission to participate in the Girl Scout fall product program.**

- I agree to accept full responsibility for all product and money received for the fall product program.
- I agree to pay the fall product program bill in full and on time to the troop leader/volunteer. It is understood and agreed that in the event any outstanding balance has to be referred to a collection agency or attorney for recovery, I will be fully responsible for all collection agency fees and attorney's fees.
- I understand the income from the product programs does not become the property of individual girl members. Girls, however, may be eligible for incentives and credits that may be applied toward Council sponsored camps, programs, uniforms, and membership.
- I have reviewed the Girl Scout Internet Safety Pledge and Product Sale-Safety Activity Checkpoints (visit [gswny.org](http://gswny.org) and select forms).
- Girl Scout Law says, "I will do my best to be honest and fair." I agree that my Girl Scout will not sell prior to the first day of the fall product program and I will provide adult supervision for her during the sale.

Signature of Parent/Guardian

Date

**This is a legally binding and enforceable agreement.**