

GIRL SCOUT INFORMATION

Girl Scout Council-Sponsored Product Program

My Girl Scout has my permission to participate

Parent/Guardian Permission Form

in the Girl Scout Product Programs.

Please read and complete the information below and return the form to your troop leader or Service Unit. Every registered Girl Scout who participates in the council product programs must have completed EITHER the Product Program portion of their annual permission form or this permission form to participate in the Product Programs.

Name:	I agree to accept full responsibility for all product and money received for GSWNY Product Programs.
Troop # or IRG:	I agree to pay my Product Program bill in full and on time to the troop leader/volunteer. It is understood
Service Unit: Grade Level: (circle below)	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.
Daisy (grades K-1) Brownie (grades 2-3) Junior (grades 4-5) Cadette (grades 6-8) Senior (grades 9-10) Ambassador (grades 11)	• 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.
PARENT/GUARDIAN INFORMATION First Name: MI:	and Safety Tips for Product Sales (visit gswny.org
Last Name:	 Girl Scout Law says, "I will do my best to be honest and fair." I agree that my Girl Scout will not sell
City: State: Zip: _ Phone: Employer:	Recognize that Girl Scouting is girl-led so I will uphold the Girl Scout Promise and Law by demonstrating positive support and respecting the opinions and goals of my Girl Scout and other Girl
Work Phone:	 I understand that my behavior directly impacts my Girl Scout's ability to participate in a troop/group or other Girl Scout activities. I will honor this agreement so that my Girl Scout can have a high- guelity Girl Scout Leadership Experience Levill taken
New York State Driver's License #:	• I understand that if I choose not to honor this agreement, it may impact my ability to participate in Girl Scouting.
Email Address: Signature of Parent/Guardian:	If my Girl Scout is participating as an IRG or Independent Registered Member, I understand that a registered, background checked, and unrelated adult will manage the program in the baker software.
	Date: