

G-1 Permission and Responsibility Form **2011 Fall Product Sale Program and 2012 Cookie Sale Program**

Please return completed form to your Girl Scout troop prior to participating in these programs.

(First and last name) _____, a member of Troop # _____ in _____ county/area has permission to participate in the Fall Product Sale Program and/or the Cookie Sale Program.

By signing below I agree that I

- will pay for the products she receives by the deadlines set by Girl Scouts – NC Coastal Pines
- will make sure that she does not sell products prior to the dates set by Girl Scouts – NC Coastal Pines
- will make sure that she has adult supervision and guidance while participating in these programs
- understand that products cannot be returned once they have been signed for and must be paid for in full

Name of parent/guardian (please print): _____

Signature of parent/guardian: _____

Home #: (____) _____ Work #: (____) _____ Cell #: (____) _____

Street Address: _____ Email _____

(no Post Office Boxes)

City: _____ Zip Code: _____ County: _____

Driver's License #: _____ State: _____ Employer: _____

Troops – please make a copy of completed forms for your records and give original forms to your Area Product Sales Manager or mail directly to Girl Scouts – North Carolina Coastal Pines, Inc., Attn: Product Sales Dept., 6901 Pinecrest Road, Raleigh, NC 27613.

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