

G-1 Permission and Responsibility Form

2010 Fall Product Sale Program and 2011 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., PO Box 91649, Raleigh, NC 27675-1649.

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