
Troop Number

Service Unit Name/Number

Please print.

Important: Council will only start the collection process if the signed Parent Permission Slip is attached. If the form is not attached the debt becomes the responsibility of the troop cookie program coordinator.

Troop Cookie Program Manager

Telephone

Email

Troop Leader

Telephone

Email

Person completing form

Position

Telephone

Responsible Party's Information

Responsible Party
(Parent/Guardian. Important: Attach signed permission slip)

Girl Scout's full name

Responsible Party's address

City

Zip

Home Telephone

Cell

Email

Amount Due to Council:

(_____ × \$5.00) = _____
No. of packages received Price per package Total Amount Due

_____ - _____ = _____
Total Amount Due Amount paid (attach receipts) Amount due to Council

Record of Collection Attempts

Please be specific. If you need additional space, please use the back of this form.

Dates of Contact

Notes

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____