



**2025/2026 Product Program**  
**Outstanding payments owed to troop by individual girl/household**

This form is to be submitted when a girl/household has an outstanding balance from Fall Product Program or Cookie Program. By submitting this form, the troop will not be held responsible for the individual girls outstanding balance.

Date \_\_\_\_\_

Troop# \_\_\_\_\_ Service Unit (name and number) \_\_\_\_\_

Troop Leader name \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Girl Scout \_\_\_\_\_

Name of Parent Guardian \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Balance owed \$ \_\_\_\_\_

Please indicate any attempts you have made to collect the outstanding funds and or any pertinent information that we should know when contacting this family. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Submit with a copy of the original parent/guardian permission form.**

Submit to GSCV 3214 Skipwith Road, Richmond, VA 23294 or electronically to  
[gshelper@comgirlscouts.org](mailto:gshelper@comgirlscouts.org)