



2017 FALL 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 4900 Augusta Ave, Suite 200, Richmond VA 23230.