girl scouts of central maryland

DELINQUENT COOKIE ACCOUNT FORM T-6

Please check one:
☐INDIVIDUAL PARENT/GUARDIAN DEBT
☐TROOP/GROUP COOKIE MANAGER DEBT
☐TROOP/GROUP LEADER DEBT

Fill out a separate form for each delinquent parent/guardian or adult with an outstanding debt to the Troop/Group. **Attach a copy of the Family Adult Permission Form (G-1) and all signed documentation that shows proof the product was received by the individual.** ANY CHANGES IN THE STATUS OF THE ACCOUNT AFTER SUBMITTING THIS FORM SHOULD BE REPORTED TO THE DIRECTOR OF PRODUCT Programs AT GIRL SCOUTS OF CENTRAL MARYLAND 410.358.9711, extension 247. Girl Scouts of Central Maryland is not responsible for misinformation provided by Troops/Groups.

Date: _____ Service Unit #: 6 _____ _____ Troop/Group#:_____

Name of Responsible Person: _____

Address:

_____
Street Address City State Zip Code

Home Telephone #: _____ Work Telephone #: _____

Child's full Name: _____ (attach signed G-1)

Total product received from troop/group: _____ boxes of Girl Scout Cookies (attach signed documentation)

Total amount due: $_____
Amount paid: $_____
Total Amount Outstanding: $_____

Girl Scouts of Central Maryland will pay or reduce the troop's cookie balance by the amount listed above as all **monies are now due and payable directly to Girl Scouts of Central Maryland.** _____

What attempts were made to collect from individual:

_____

_____

X_____
TCM Signature Date Cell Phone

X_____
Troop/Group Leader Signature Date Cell Phone

X_____
Service Unit Manager Signature Date Cell Phone

X_____
Responsible Person's Signature Date

X_____
GSCM Director of Product Program Signature Date

GSCM paid/credited amount to Troop: $_____Date: _____

Submit completed form including all back-up documentation to:
Girl Scouts of Central Maryland
4806 Seton Drive
Baltimore, MD 21215
Attention: Director of Product Programs