



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.

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:

Blank lines for describing collection attempts.

X

TCM Signature Date Home Telephone Work Telephone

X

Troop/Group Leader Signature Date Home Telephone Work Telephone

X

Service Unit Manager Signature Date Home Telephone Work Telephone

X

Responsible Person's Signature Date

X

GSCM Director of Product Sales Signature Date

GSCM paid/credited amount to Troop: \$ Date:

Submit completed form including all back-up documentation to: