



## Product Program Participation Form 2025 - 2026

This form covers the Fall 2025 Treats & Reads Program and the 2026 Cookie Program.

A Parent/Guardian must fill out all fields below before a Girl Scout can receive her program materials.

If you have multiple girls in the same household and **ALL ARE FROM THE SAME TROOP**, you can fill out one form. Each girl's name needs to be on the form.

If you have multiple girls in the same household in **DIFFERENT TROOPS**, one form for each girl must be filled out.

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Girl Scout's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Girl Scout's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Girl Scout's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Troop Number: \_\_\_\_\_ Service Unit: \_\_\_\_\_

Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Troop Leader First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Troop Leader's Email: \_\_\_\_\_

### Home Address

Street Address: \_\_\_\_\_

Street Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contact Info

Home Phone Number: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

*Turn over to sign and complete*

**Please read and sign the statement below**

My Girl Scout has permission to participate in the Girl Scout Product Programs, including the Fall "Treats and Reads" and the Cookie program. I agree to accept financial responsibility for all products and money she receives and I further understand that money collected by my Girl Scout or family belong to her Girl Scout Troop and Girl Scouts of Michigan Shore to Shore. Earned Proceeds do not transfer if a girl moves to a new troop.

**Notes:**

- To be eligible for financial aid during their first year, girls must participate in both the Fall Treats & Reads and the Cookie Program. After that, troops must cover renewal fees with earned troop funds.
- Any girl whose family has outstanding monies owed from past Product Programs cannot participate in the current Product Programs until payment has been received. Please contact a council product program staff member for payment verification.
- **Troop Leader:** Please keep this completed and signed form on file to submit, should an Outstanding Money Report (OMR) become necessary.
- **No OMR's will be accepted without this completed form included. If not completed before the deadline, the troop leader takes full responsibility for all financial debt to council.**

☐ I have read and understand

\_\_\_\_\_  
Parent/ Guardian Signature

Date: \_\_\_\_\_