



Permission for Use of Cookie Dough

I, _____, parent/guardian of _____ ,
(Name of parent/guardian) (Name of girl)

give my permission for _____, leader of troop # _____ ,
(Name of Leader)

to use \$ _____ of my daughter's 2020 Girl Scout Cookie Dough.
(amount to be used)

Parent/Guardian Signature _____ Date _____

Girl Scouts of Central Illinois | 888-623-1237 | GetYourGirlPower.org



Permission for Use of Cookie Dough

I, _____, parent/guardian of _____ ,
(Name of parent/guardian) (Name of girl)

give my permission for _____, leader of troop # _____ ,
(Name of Leader)

to use \$ _____ of my daughter's 2020 Girl Scout Cookie Dough.
(amount to be used)

Parent/Guardian Signature _____ Date _____

Girl Scouts of Central Illinois | 888-623-1237 | GetYourGirlPower.org



Permission for Use of Cookie Dough

I, _____, parent/guardian of _____ ,
(Name of parent/guardian) (Name of girl)

give my permission for _____, leader of troop # _____ ,
(Name of Leader)

to use \$ _____ of my daughter's 2020 Girl Scout Cookie Dough.
(amount to be used)

Parent/Guardian Signature _____ Date _____

Girl Scouts of Central Illinois | 888-623-1237 | GetYourGirlPower.org

Department: Product Sales	Approved by: COO
To Be Reviewed: June	Last Reviewed: July 2011
Last Revised: October 2009	Revision Number: 1