



Girl Scouts of South Carolina—Mountains to Midlands, Inc.

Product Sale/Cookie Red Flag

This form must be included with your final paperwork and submitted to your Service Unit Product/ Cookie Manager. Additional correspondence can be mailed to your regional service center product/cookie sales assistant.

Date: _____ Service Unit #: _____ Troop#: _____

Troop Product/Cookie Manager's Name (or Person Reporting) _____

Phone (H) _____ (C) _____ (W) _____

Address: _____ City: _____ Zip: _____

Parent/Guardian's Name:
Girl's Name:
Mailing Address:
City, State, Zip:
Email:
(H) Phone:
(C) Phone:
(W) Phone:

Attach originals of following documents to this form:

- Girl Permission Slip
- Receipts signed by parent/guardian for products checked out and money (if any) turned in
- Copies of related correspondence

Collections		
Date	Payment	New Balance

Beginning Outstanding Amount \$ _____

Please document any collect attempts, conversations, addition information, or other comments below:

Signature of Person Reporting: _____

Columbia Service Center	130 Pinnacle Point Court Suite 100	Columbia, SC 29223	T 803.782.5133	F 803.782.0410
Greenville Service Center	5 Independence Pointe Suite 120	Greenville, SC 29615	T 864.770.1400	F 864.272.3394
Spartanburg Service Center	349 East Blackstock Road	Spartanburg, SC 29301	T 864.576.2514	F 864.587.7367

White—Council Yellow—SUPM Pink—Troop