

## 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.

Date:	Service Unit #:		Troop#:		
Troop Product/Cookie Manag	ger's Name (or Person Reporti	ng)			
	(C)				
			Zip:		
Parent/Guardian's Name:					
Girl's Name:				following documents	
Mailing Address:	ing Address:		to this form:		
City, State, Zip:			<ul> <li>Girl Permission Slip</li> <li>Receipts signed by parent/guardian for products checked out and money (if any)</li> </ul>		
Email:			turned in	, , , ,	
(H) Phone:			Copies of related	correspondence	
(C) Phone:	ne:		Collections		
(W) Phone:		Da	te Payment	New Balance	
Please document any collect attention of the comments below:	empts, conversations, addition				
Signature of Person Reportin	g:	<u> </u>			
Columbia Service Center Greenville Service Center Spartanburg Service Center	1107 Williams Street 3 Independence Pointe, Ste 106 330 Scout Drive	Columbia, SC 29201 Greenville, SC 29615 Spartanburg, SC 29301	T: 1-800-849-GIRL T: 1-800-849-GIRL T: 1-800-849-GIRL	F: 803.782.0410 F: 864.272.3394 F: 864.587.7367	