

# 2011 Fall Product Program Individual Collection Form (IC-8)



Attach the signed Parent/Guardian Permission and Responsibility Form

Use to report girls who are not paid in full.

Return to the Service Unit Fall Product Manager by **October 26, 2011**

**Please PRINT Clearly**

Service Unit Number: \_\_\_\_\_  
 Five-Digit Troop Number: \_\_\_\_\_  
 Troop Volunteer Name: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Troop Leader Name: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Girl Scout's full name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian Information:  
 Mother: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
 Father: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
 Guardian(s): \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Girl's Total Sales Amt: \$ \_\_\_\_\_  
 Total Amount Paid: \$ \_\_\_\_\_  
 Total Amount Due: \$ \_\_\_\_\_

### Attempts to Collect

Date: _____ Spoke to: _____ Results: _____ _____ _____ _____	Date: _____ Spoke to: _____ Results: _____ _____ _____ _____	Date: _____ Spoke to: _____ Results: _____ _____ _____ _____
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