



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 2024 Cookie Dough/Nutty Bucks# _____
(amount to be used)

Parent/Guardian Signature _____ Date _____

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



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