



# 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) (Troop #)

to use \$\_\_\_\_\_ of my daughter's 2012 Girl Scout Cookie Dough.  
(amount to be used)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Girl Scouts of Central Illinois

3020 Baker Dr. Springfield, IL 62703 877-231-1446 (T) 217-523-8321 (F) [www.girlscouts-gsci.org](http://www.girlscouts-gsci.org)



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