



**GIRL SCOUT PRODUCT PROGRAM
PARENT/GUARDIAN
RESPONSIBILITY AND PERMISSION**

My daughter _____
a member of Troop _____ has my permission to
participate in the Fall Product Program. I agree to accept
payment responsibility for all products she receives and
to see that she always has adult guidance.

NAME _____

ADDRESS _____

TELEPHONE _____

EMAIL _____

SIGNATURE _____

DATE _____



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