



**Girl Scout Fall 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 has adult guidance at all times.

Name: _____
Parent/Guardian

Address: _____

Telephone: _____

Email: _____

Signature: _____
Parent/Guardian

Date: _____



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