



Girl Scout Fall Product and Cookie Program

Parent / Guardian
Responsibility and Permission

My daughter, _____
a member of Troop/Group _____ has my
permission to participate in the Fall Product and/or
Cookie Program sale(s). 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 _____
Cell Phone _____
E-Mail _____
Signature _____
Date _____



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