

E-mail Address

## **Fall Product Program Permission Form**

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## 2025 Girl Scout Fall Product Program

Please read, complete and sign this permission form. Keep a copy for yourself and give the a copy to your daughter's troop fall product manager. **REMEMBER**, you cannot sell or pickup products unless this form is signed and on file with your troop fall product manager.

(Please print)	My daughter	, a member of troop # in	
	service unit has m	ny permission to participate in the fall product program.	
*	My daughter will be a currently registered member of Girl Scouts of USA. This includes paying the \$25.00 registration fee for the 2026 year.		
*	We will read and adhere to the rules	e will read and adhere to the rules and guidelines of the fall product program.	
		will give my daughter proper supervision and adult guidance.	
		e will observe the fall product program dates (September 19 – October 19).	
*	lyment is due when orders are taken. I am financially responsible for all orders received in-person.		
*	We will not conduct public or booth (site) sales during fall program.		
*	We will not post on online selling sites, including but not limited to: Craigslist, eBay or Facebook Marketplace.		
*	We will not sell or re-sell product/item in a commercial environment.		
*	We will sell nut & candy items at listed prices per can/package; no more, no less.		
*	We accept full responsibility and liability for all magazines & nut/items ordered and money collected.		
*	Ve will get signed receipts for all nut & candy products/items received and for money turned in.		
*	We are responsible for product delivery and will advise customers of the expected delivery dates (no later than November 26).		
*	I understand magazine and Direct Ship purchases are mailed directly to customers based on selected shipping speeds. Customers must contact M2 if there are questions regarding these order types.		
*	We understand that nut & candy products/items cannot be returned to my troop or council.		
*	We will turn in all money to my troop fall product manager no later than October 19.		
*	We will make sure checks are payable to <b>GSHCC Troop# [your troop number]</b> .		
	I understand product and rewards will be delivered separately and we will pick-up items promptly. I am responsible for reviewing the website and email communications sent to me for any program updates and/or changes.		
I have rev	iewed the above information and	agree.	
Signature of Parent/Guardian		Date	
Parent/Guardian Name (please print)		Cell Phone # (include area code)	
Address			
,			
City / Zip Code		Alternate Phone # (include area code)	