

Fall Product Program Permission Form

6601 Elvas Avenue Sacramento, CA 95819 • t 916.452.9181 • f 916.452.9182 girlscoutshcc.org

2024 Girl Scout Fall Product Program

Please read, complete and sign this permission form. Keep the yellow copy for yourself and give the white 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 m	nember of troop #	in	
	service unit has my per	mission to participate in	the fall product progra	 m.	
*	My daughter will be a currently registered fee for the 2025 year.	l member of Girl Scouts o	of USA. This includes p	aying the \$25.00 registration	
*	We will read and adhere to the rules and	guidelines of the fall prod	uct program.		
	I will give my daughter proper supervision and adult guidance.				
	We will observe the fall product program dates (September 20 – October 20).				
	Payment 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.				
*	We 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 27).				
*	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 20.				
*	We will make sure checks are payable to GSHCC Troop# [your troop number] .				
	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	e .			
Signature of Parent/Guardian		Date	Date		
Parent/Guardian Name (please print)		Cell Phone # (inclu	Cell Phone # (include area code)		
Address					
City / Zip Code		Alternate Phone #	Alternate Phone # (include area code)		
E-mail Addre	SS				

White copy: Troop Yellow copy: Parent/Guardian