



Girl Scout Fall Product Program Caregiver Responsibility and Permission Slip

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 _____
Caregiver

Address _____

Telephone _____

Email _____

Signature _____
Caregiver

Date _____



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