



river valleys X NUT.	Name
Girl Scout Fall Product Program Caregiver	Caregiver
Responsibility and Permission Slip	Address
My daughter	Telephone
A member of troop has my	Email
permission to participate in the Fall Product Program.	Signature Caregiver
I agree to accept payment responsibility for all products she receives and to see that she has adult guidance at all times.	Date
girl scouts river valleys	Name
river valleys	Caregiver
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A member of troop _____ has my permission to participate in the Fall Product

Program.

Name	
	Caregiver
Address	
Caregiver	
Date	