

2023 CAREGIVER FALL PRODUCT AGREEMENT

I agree to the following and have signed the caregiver Fall Product Program Agreement (below) that my troop fall product manager will keep in their possession.

- I will ensure that my Girl Scout has adult guidance at all times during the Fall Product Program.
- I will submit all funds received for payment of my Girl Scout's Fall Product Program to the troop fall product manager by their required deadlines.
- All product from my Girl Scout's sales will be picked up and paid for by date provided by troop fall manager.
- My family/Girl Scout will not take orders until the sale begins.
- I understand I cannot return product once it is ordered by the troop.
- I understand if I do not turn in the full amount of money due for the product, I will be subject to prosecution and any fees incurred.
- I will ask for a copy of a receipt for pickup of any product and/or money submitted, if not provided by the troop fall product manager.
- I understand that should any of my product be lost, stolen or damaged while in my possession, I am still fully responsible for those funds.

My Girl Scout, _____, a member of Troop # _____ has my permission to participate in the 2023 Girl Scout Fall Product Program.

PLEASE READ AND INITIAL FOR EACH STATEMENT:

- I will ensure that my Girl Scout has adult guidance at all times during the sale.
- I will submit all funds received for payment of my Girl Scout's Fall Product Program sales to the troop fall product manager by their required deadlines.
- All product obtained for our sales will be picked up by required date as stated by troop fall manager.
- My family/Girl Scout will not take orders until the sale begins.
- I understand I cannot return product once it is ordered by the troop.
- I understand if I do not turn in for the full amount of money due, I will be subject to prosecution and any fees incurred.
- I will not collect payment from a customer until the product is delivered.
- I will ask for a copy of a receipt for pickup of any product and/or money submitted, if not provided by the troop fall product manager.
- I understand that should any of my product be lost, stolen or damaged while in my possession, I am still fully responsible for those funds.

Signature of Caregiver: _____ Date: _____

Caregiver Name: _____

Cell Phone#: _____ Work or Other #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Place of Employment: _____