



## Fall Product Program Parent Agreement Form

By signing this Parent Agreement form and accepting the sales materials, the parent/guardian is giving permission to participate in the Fall Product Program, as well as accepting the responsibility of participating in the sale. This Form must be signed and given to the troop product manager before any product materials are released.

**I acknowledge that I understand and agree to the following:**

- My Girl Scout has my permission to participate in the Fall Product Program.
- I must help my Girl Scout by providing proper supervision and guidance while selling and delivering product.
- I understand that my Girl Scout and I are expected to follow the Code of Conduct for the program, and that consequences will apply if the Code of Conduct is broken.
- I accept responsibility to meet all troop deadlines; as well as program dates and deadlines.
- I will enter and verify all ordered products into the Online Storefront, or confirm ordered products with my troop product manager.
- I agree to take the time to count the product, sign a receipt, and receive a copy with the product received. **If I do not count the product or sign a receipt, I will be responsible for the amount of product reported by the troop.**
- I understand that money will be collected when delivering the product and not before. I will be responsible for turning in the entire amount due for the products received by the date provided by the troop product manager.
- I agree to take the time to count the money I am turning in to the troop product manager, sign a receipt, and receive a copy of the receipt. **If I do not count the money in the presence of the troop product manager and sign a receipt, I will be responsible for any discrepancies in money that is reported by the troop.**

**I also understand:**

- **Products cannot be returned to the troop product manager, or any other representative of GSCSA.**
- I accept financial responsibility for all products and money received and that failure to account for money and products received will be considered misappropriation of funds and may result in civil and/or criminal prosecution for the amount owed plus attorney fees and court costs. If at any time I fail to turn over monies, I will be removed from any and all volunteer positions with GSCSA and will be ineligible to serve in a future volunteer role.

My Girl Scout, \_\_\_\_\_, is a registered member of Girl Scout Troop # \_\_\_\_\_, or is an Individually Registered Member (IRM) of Service Unit # \_\_\_\_\_. I understand that participation in the product program is optional.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver's License # (Required) \_\_\_\_\_ State \_\_\_\_\_ Email \_\_\_\_\_

(Required) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Girl Scout Shirt Size (circle one): YS YM YL AM AL AXL A2XL

Turn this form in to your Troop Fall Product Manager.