

# 2024 Fall Product Program Caregiver 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 always has adult guidance 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 products 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 any 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 fall 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 2024 Girl Scout Fall Product Program.

## Read and Initial Next to Each Statement

- \_\_\_\_\_ I will ensure that my Girl Scout always has adult guidance during the program.  
\_\_\_\_\_ 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 products obtained for our sales will be picked up by the required date as stated by troop fall manager.  
\_\_\_\_\_ My family/Girl Scout will not take orders until the program begins.
- \_\_\_\_\_ I understand I cannot return any 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 fall 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/Other #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_