

2025 FALL PRODUCT PROGRAM PARENT/GUARDIAN PERMISSION & RESPONSIBILITY FORM

My Girl Scout, _____, a member of Troop _____, or Individually Registered Girl, has my permission to participate in the council-sponsored 2025 Fall Product Program.

My signature below acknowledges that:

- ☐ I understand that my daughter must be registered as a Girl Scout from October 1, 2025, - September 30, 2026, membership year.
- ☐ I understand that I am financially responsible for all orders submitted by me to the Troop Fall Product Coordinator.
- ☐ I understand that any product ordered or unsold cannot be returned or exchanged by the Council or the Troop Fall Product Coordinator.
- ☐ I understand that my daughter cannot sell prior to the program start date of Monday, September 1, 2025, and I understand that my daughter may be penalized for early orders and may not receive credit for orders received before specified program date.
- ☐ I accept responsibility to meet all troop deadlines outlined by the Troop Fall Product Coordinator.
- ☐ I understand all products must be promptly delivered to customers, and monies owed by me are paid weekly to the Troop Fall Product Coordinator. Total monies will be paid by the established deadline.
- ☐ I understand that if all money due by me is not paid by the due date, my daughter will not be entitled to receive her recognitions.
- ☐ I understand that outstanding accounts will be turned over to a collection agency by the Council at the conclusion of the program, and any collection cost will be added to the amount owed.
- ☐ I understand that all monetary proceeds belong to the Council and Troop and are not to be retained by individual girls as their property.
- ☐ I understand that due to the rising cost of recovering money from "Non-Sufficient Funds" checks, I will be responsible for any checks accepted as payment.
- ☐ I understand that for my daughter to participate in the Fall Product Program, I cannot have any outstanding debts with Girl Scouts of the Desert Southwest Council.
- ☐ I agree to accept financial responsibility, including prompt payment for all products and money my daughter receives, and will ensure that she has adult guidance.

Parent/Guardian Name (print): _____

Mailing Address:

Street

City

State

Zip

Phone: (____) _____

Home

(____) _____

Work

(____) _____

Cell

E-mail Address: _____

Parent/Guardian Signature: _____

Are you or Spouse Active Military (circle one): No Yes (if circled please complete the following):

Sponsor Name: _____ Unit: _____

Address: _____ Duty Phone #: _____

If money is delinquent commander will be contacted