



2022 Fall Product Program Family Agreement Form

This form must be completed and signed by the parent/guardian before order cards and other program materials are distributed. The Fall Product Troop Manager (FPTM) retains signed copy for one year.

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

By allowing my daughter to participate in this year's programs, I agree to:

- ensure my Girl Scout is registered for the 2022-2023 Girl Scout membership year;
- ensure my words and actions abide by the Girl Scout Law and Girl Scout Promise;
- maintain a valid email address for all program communications;
- ensure my Girl Scout is selling product in accordance with all GSHPA Product Program guidelines (dates, locations, prices, etc.);
- accept financial responsibility for all product ordered and money received by my Girl Scout;
- ensure my Girl Scout has adult supervision while selling at all times;
- coordinate with my FPTM(s) to submit all orders and order forms by designated date;
- pick up product at the time, date and location designated by the FPTM(s);
- sort and distribute product to customers within one week of receipt;
- pick up rewards at the time, date and location designated by the FPTM(s);
- ensure payment for product has been submitted to the troop by the deadline set by the FPTM.

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 I understand that only a Girl Scout registered for the 2022-2023 Girl Scout year is permitted to sell Girl Scout product. I understand that the products cannot be returned to Girl Scouts in the Heart of Pennsylvania for any reason. I understand and agree that if I do not pay for the products accepted by my Girl Scout, Girl Scouts in the Heart of Pennsylvania may take collection action against me. The collection action will seek any delinquent unpaid balances from me and require that all related costs be paid. I understand that the courts of Dauphin County, Pennsylvania will have jurisdiction for the purposes of collection.

Parent/Guardian Name: _____ Relationship to Girl Scout: _____

Address: _____ City _____ State _____ Zip _____

Primary Phone Number: _____ Date ____/____/____

Email Address: _____ Parent/Guardian Signature _____

.....
 Parent/Guardian Name: _____ Relationship to Girl Scout: _____

Address: _____ City _____ State _____ Zip _____

Primary Phone Number: _____ Date ____/____/____

Email Address: _____ Parent/Guardian Signature _____