



Troop _____ Parent Permission Sheet

By signing below, I am indicating that my Girl Scout has my permission to participate in the Girl Scouts Heart of the Hudson Nuts + Mags Program. I agree to accept payment responsibility for all products we order and receive, assist in delivery of all nut/candy items sold on the order card and through online girl delivery, and see that she has guidance at all times.

Girl First Name Girl Last Name Parent Email Address Parent Signature Date

<i>Girl First Name</i>	<i>Girl Last Name</i>	<i>Parent Email Address</i>	<i>Parent Signature</i>	<i>Date</i>

Troop Leader: Please fill in the troop number at the top of the sheet and have parents sign this sheet before handing out Fall Product Program materials. Keep this sheet in a safe place and retain in your records for a year. If you have questions, please reach out to us at customer-care@girlscoutshh.org.