Fall Product Program Receipt Thank you for supporting Girl Scouts of West Central Florida! Parent/Leader: Date:					Fall Product Program Receipt Thank you for supporting Girl Scouts of West Central Florida! Parent/Leader:Date:			
Troop #: SU #: Participant Name:				Troop	#:SU #:	Participant Name:		
Qty	Product	Qty	Product	Qty	Product	Qty	Product	
	Winter Wilderness Tin with Peppermint Bark Rounds \$14		Sweet & Smoky Almonds \$10		Winter Wilderness Tin with Peppermint Bark Rounds \$14		Sweet & Smoky Almonds \$10	
	Charming Woodland Friends Tin with Chocolatey Covered Pretzels \$14		Peanut Butter Dark Chocolate Delight \$10		Charming Woodland Friends Tin with Chocolatey Covered Pretzels \$14		Peanut Butter Dark Chocolate Delight \$10	
	English Butter Toffee \$10		Dulce Daisies \$8		English Butter Toffee \$10		Dulce Daisies \$8	
	Signature Chocolate Covered Almonds \$10		Mini Gummi Butterflies \$8		Signature Chocolate Covered Almonds \$10		Mini Gummi Butterflies \$8	
	Holiday Mix \$10		Cranberry Trail Mix \$8		Holiday Mix \$10		Cranberry Trail Mix \$8	
	Dark Chocolate Sea Salt Caramels \$9		Fruit Slices \$7		Dark Chocolate Sea Salt Caramels \$9		Fruit Slices \$7	
	Peanut Butter Elephants \$8		Spicy Cajun Mix \$7		Peanut Butter Elephants \$8		Spicy Cajun Mix \$7	
	Pecan Caramel Supremes \$9		Care to Share \$7		Pecan Caramel Supremes \$9		Care to Share \$7	
	Butter Toffee Cashews \$10				Butter Toffee Cashews \$10			
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Total # of Units: Total Amount Due: Due By: Total \$ Paid: Cash: Check: I acknowledge that my Girl Scout has permission to participate in the Fall Product Program and I am financially responsible for the product received. Received By (Signature): Date: Received From (Signature): Date:				Total S I ackno I am fir	Total # of Units: Total Amount Due: Due By: Total \$ Paid: Cash: Check: I acknowledge that my Girl Scout has permission to participate in the Fall Product Program and I am financially responsible for the product received. Received By (Signature): Date:			
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