

Fall Product Program Receipt

Thank you for supporting Girl Scouts of West Central Florida!

Parent/Leader: _____ Date: _____

Troop #: _____ SU #: _____ Participant Name: _____

Qty	Product	Qty	Product
	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
	English Butter Toffee \$10		Dulce Daisies \$8
	Signature Chocolate Covered Almonds \$10		Mini Gummi Butterflies \$8
	Holiday Mix \$10		Cranberry Trail Mix \$8
	Dark Chocolate Sea Salt Caramels \$9		Fruit Slices \$7
	Peanut Butter Elephants \$8		Spicy Cajun Mix \$7
	Pecan Caramel Supremes \$9		Care to Share \$7
	Butter Toffee Cashews \$10		

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: _____

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