Fall Product Program Receipt
Thank you for supporting **Girl Scouts of West Central Florida!**

Participant Name:____________________

Troop #:__________ SU #:__________

Qty	Product	Qty	Product
	Snowy Village Tin with Peppermint Bark Rounds $14		Peanut Butter Elephants $9
	Winter Wonderland Tin with Chocolatey Covered Pretzels $14		Dulce Daisies $9
	Dark Chocolate Sea Salt Caramels $10		Mini Gummi Butterflies $9
	Pecan Caramel Supremes $10		Cranberry Trail Mix $8
	English Butter Toffee $10		Seasoned Salt Snack Mix $8
	Signature Chocolate Covered Almonds $10		Fruit Slices $7
	Holiday Mix $10		Spicy Cajun Mix $7
	Peanut Butter Dark Chocolate Delight $10		Care to Share $7
	Chocolatey Covered Raisins $10		

Total # of Units:______ Total Amount Due:______ Total Paid:______

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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