



SU: _____
Troop #: _____
Sale Name: _____
Cookies/Fall *Year*

Cupboard Pick-Up Substitute Contract

Date: _____

Leader/Product Manager Name: _____

Substitute'-s Name: _____

I _____ understand that while
Leader/Product Manager Name

_____ is authorized to pick-up product for
Substitutes Name

troop _____ /family _____, I am still financially
Troop # *Girl Scout's Name*

responsible for the product. An additional transfer receipt will be provided once the product is received by me from the authorized substitute.

Leader/Product Manager Signature

Date

Substitutes Signature

Date



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Troop #: _____
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Troop # *Girl Scout's Name*

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Leader/Manager Coordinator Signature

Date

Substitutes Signature

Date