



AUTHORIZATION to PICK UP PRODUCT
2010 Fall Product Program

Troop # _____ Service Unit _____ Date _____

Leader's Name _____ Signature _____

Troop Fall Product Chair _____ Signature _____

The person signed above authorizes the adult signed below, upon presentation of appropriate identification, to pick up extra product from a Council cupboard. These products will be charged to the troop identified above.

Newly authorized pick-up person:

Adult's name _____ Signature _____

Valid for (select one):

Specific Quantity for today's P/U	# Cases		# Cans	
Specific Date(s) – from/to				
Entire Program Authorization			Initial if applicable	

White copy: to authorized adult; Yellow copy: for troop records

Revised 6/10/2010



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