

2013 CSA Sign up Form

PLEASE RESERVE FOR MY HOUSEHOLD:

_____ # of **Main Season Vegetable Shares \$600.00** per boxed share, 20 distributions, mid June until late October.

_____ # of **Flower Shares. \$100 each**, 10 weeks mid-July through mid-September (available for vegetable shareholders and farm stand members only).

Farm Stand Membership. A credit account at the farm stand. You can also buy credit to add onto your vegetable share for additional purchases at the farm stand. Membership credit must be used up within the season it was purchased.

_____ **\$300.00** entitles you to \$330.00 credit. Farm Stand Members must PAY IN FULL.

_____ **\$550.00** entitles you to \$605.00 credit. Farm Stand Members must PAY IN FULL.

EVERYBODY FILL THIS IN: My TOTAL Payment for the 2013 season will be _____.

PAYMENT OPTIONS:

Full payments and more consolidated payments are really a great help to us in many ways, and we encourage it if you can. We also set up payment plans to fit what you may need.

_____ Full payment enclosed.

_____ \$300 (non-refundable) deposit enclosed, two equal payments of \$150.00 for the balance will be made by March 1 and June 1.

Payment Plans – please make your payments by the due dates listed. Payments that are not received within one month of the due date will be billed. We will add a \$5 late fee each time we need to send a bill, please pay on time!

How to pay for your share: We prefer that payments be made by check or money order and sent to the farm office. Checks can also be paid at the Farmers' Market and will be transferred at the farm office.

Please write in the check memo the first and last name of the person listed on this form as Name 1 so that we can credit all payments to the appropriate account. Please send one check per share if splitting shares.

Pick up location: UMass Medical Center Farmers' Market. Tuesdays 1-5 p.m.

I would like to pick up my share(s):

Primary Shareholder Name _____

Name 2 _____

Address _____

Phone _____

Email _____

(PLEASE PRINT CAREFULLY) Also include the names and e-mails (together) of anyone else who would like to receive communications from the farm about the share.

I understand that I am committing to the 2013 growing season and shall share the risks and rewards of the CSA.

I also understand that it is my responsibility to pick up my share each week at the distribution location or my share will be donated to a food relief agency.

Signature _____

SEND CHECKS AND THIS FORM TO:

Farmacy Gardens

144 North Washington Street Belchertown, Ma 01007

Call or Email John or Chanya for more information at (413) 213-0326; Farmacygardens@gmail.com

Choose top 5 favorite vegetables in **each** category:

Leafy

Arugula _____
Asian Greens _____
Broccoli _____
Cabbage _____
Collards _____
Herbs _____
Kale _____
Lettuce _____
Spinach _____
Swiss Chard _____

Roots

Beets _____
Carrots _____
Garlic _____
Ginger _____
Onions _____
Leeks _____
Potato _____
Radishes _____
Sweet potato _____
Turnips _____

Fruits (mostly non-sweet)

Cucumbers _____
Eggplant _____
Melons _____
Okra _____
Peppers _____
Tomatoes _____
Tomatillo _____
Summer Squash _____
Winter Squash _____
Zucchini _____

How did you hear about us?