



Stony Hill Farms
2017 Hoboken Home Delivery
CSA Application
Session Two Enrollment
February 1st-April 30th

Applicant Information (please print clearly)

Last Name* _____ First Name* _____
Building* _____ Street* _____ Apt.#* _____
City: Hoboken State: NJ Zip* _____ Phone* _____ EMail* _____
***required**

Hoboken Home Delivery CSA

23 Weeks (June 13th-November 21) *No Delivery July 4th*

- Your share will be delivered on **Tuesday** afternoons to the front desk of your apartment building
- Deliveries will take place on Tuesdays **after 2pm and before 8pm**
- Your name will be marked on your share box and left with your doorman.
- Please pick up your share no later than 8 pm.
- Stony Hill and your building are not responsible for shares not claimed during your pick up window.

Payment

Payment may be in the form of:

Check (No. _____) Made out to: *Stony Hill Farms*

Credit Card: Visa Amex MasterCard Discover (Expiration Date: _____)

We will call you for payment when application is received

_____ Half Share: \$552.00

_____ Full Share: \$851.00

Disclosure Statement

I understand that although the farmer is dedicated to the best of his ability to provide fresh, high quality produce, there are risks in agriculture which need to be shared by the whole community and may be echoed in the yield of certain crops. The size and quality of certain fruits and vegetables may be affected by the weather and other factors that are beyond the control of the farmer. By submitting this application, I understand that my membership payment entitles me to a weekly share of fresh harvested produce from Stony Hill Farm Market during the CSA growing season. Stony Hill Farms is not liable to the improper handling of shares after delivery. If I am unable to pick up my share on a specific day, I must notify stonyhillcsa@gmail.com the day before delivery. There will be no make-up days for shares that are not able to be picked up. Memberships are non-refundable.

Signed _____ **Date** _____

Printed _____

Mail or Bring Completed Application with Payment to:

Stony Hill Farms
Attn: CSA
8 Route 24
Chester, NJ 07930

Farm Use Only

Date Application Received: _____ Date Payment Received _____ Received By _____

Check- No. _____ Amount _____

Credit Card (Circle One)

Visa / American Express / MasterCard / Discover Expiration Date _____

Profile _____ Sign-In _____ Roster _____ Order _____ E-Mail _____ Confirmation _____ Membership Card # _____