



**Stony Hill Farms
Jersey City Medical Center
2017 CSA Application**

Personal Share

Available only from September 1st-April 30th

Applicant Information (please print clearly)

Last Name* _____ **First Name*** _____

Street* _____ **City:** _____ **State:** _____ **Zip*** _____

Phone* _____ **E-Mail*** _____

***required**

Jersey Medical Center –Season: June 14th – November 22nd (24 Weeks)

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

Please select share option below*

_____ Personal Share: \$480.00

_____ Personal Share with Half Dozen Eggs: \$552.00

_____ Personal Share with Dozen Eggs: \$588.00

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 before 9am the day of 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 # _____