



Stony Hill Farms
2017 CSA Application
JC Medical

Applicant Information (please print clearly)

Last Name* _____ First Name* _____

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

Phone* _____ E-Mail* _____

***required**

Dates:

June 14th-November 22nd (Wednesdays)
 24 Weeks

Company Captain:

Amanda Mullane MS, RD
 Clinical Nutrition Manager
 Phone: [201.915.2000](tel:201.915.2000) ext: 3059

Share Size and Eggs

- Half Share: About a half bushel box of fresh produce
- Full Share: About a whole bushel box of fresh produce
- Half Dozen Cage Free Brown Eggs
- Dozen Cage Free Brown Eggs

Payment

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

Visa/Amex/Discover/MasterCard(circle one) expiration date: _____

***we will call you for your credit card information once we receive this application**

- Half Share: \$552.00 Half Share w/ ½ Doz. Eggs: \$624.00 Half Share w/ Doz. Eggs: \$660.00
- Full Share: \$864.00 Full Share w/ ½ Doz. Eggs: \$936.00 Full Share w/ Doz. Eggs: \$972.00

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 2017 CSA growing season. **Memberships are non-refundable.***

Signed _____ **Date** _____

Printed _____

Farm Use Only

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

Payment Received:

_____ Check- No. _____ Amount _____

Visa/Amex/Discover/MasterCard(circle one) expiration date: _____