



Stony Hill Farms  
2019 CSA Application  
SAMSUNG

**Applicant Information (please print clearly)**

Last Name\* \_\_\_\_\_ First Name\* \_\_\_\_\_

Street\* \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Phone\* \_\_\_\_\_ E-Mail\* \_\_\_\_\_

**\*required**

**Dates:**

Thursday, June 6- Thursday, November 21  
24 Weeks (No July 4<sup>th</sup> pick up)

**Company Captain:**

**Share Size and Eggs**

- Personal Share: About a quarter bushel box of fresh produce
- 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***

- Personal Share: \$480.00     Personal Share w/ ½ Doz. Eggs: \$552.00     Personal Share w/ Doz. Eggs: \$588.00
- 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 2019 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: \_\_\_\_\_