

Barbee Farms CSA Registration Form

Name			
Address			
Email address			
Phone		Alternate Phone:	
Food Allergies	(Please list)		
CSA Season <small>(Circle One)</small>	Spring April 9, 2015 – June 25, 2015	Summer July 2, 2015 - September 17, 2015	Fall/Winter September 24, 2015 – December 17, 2015 <small>(No pick up November 26)</small>
Size Share <small>(Circle One)</small>	Full		Half
Payment <small>(Circle One)</small>	\$265		\$145
<p>Read and check each of the following:</p> <ul style="list-style-type: none"> <input type="radio"/> I agree to support the local farm through this CSA purchase <input type="radio"/> I agree to share the risk of the farm and in doing so will share in the harvest. <input type="radio"/> I agree to pick up my box on Thursday each week or arrange for someone else to do so. If I do not, my food will go to a local family in need. <input type="radio"/> I agree that once the season begins, no refunds will be given unless you have a life-changing event (employment relocation, loss of employment, etc.). <p>Special Notes Regarding Holidays:</p> <ul style="list-style-type: none"> • Fall/Winter Session: There will be no pick up the week of Thanksgiving. 			
Signature:		Date:	
To Be Completed by Barbee Farms Representative			
Payment Amount Due:			
Payment Amount Received:		Date:	
Barbee Farms Representative Signature:		Date:	