



Name: \_\_\_\_\_

Secondary Name (optional): \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

**Pick-up Location/day:**

- Herrcastle Farm:
  - Tuesday: \_\_\_\_\_ Friday: \_\_\_\_\_
- Lancaster County Farmers Market, Wayne:
  - Wednesday: \_\_\_\_\_ Saturday: \_\_\_\_\_
- Glenside Farmers Market, Glenside:
  - Saturday: \_\_\_\_\_
- Creekside Market and Tap, Elkins Park:
  - Wednesday: \_\_\_\_\_ Saturday: \_\_\_\_\_

**Full or ½ share:** Full share (\$595): \_\_\_\_\_ ½ Share (\$320): \_\_\_\_\_

**Extra Items:**

Fruit (\$100/season): \_\_\_\_\_ Herb (\$30/season): \_\_\_\_\_ Vegetable (\$60/season): \_\_\_\_\_

**Total Amount Due: \$** \_\_\_\_\_

**Payment Options:** Check: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Cash: \_\_\_\_\_

I understand that I/We are committing to the 2020 growing season and shall share the risk and rewards of the CSA program. I also understand that it is my responsibility to pick up my share weekly, at the designated location and scheduled day or my share will be donated.

**Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_