

**Hindinger Farm
810 Dunbar Hill Road
Hamden Ct.**

CSA Enrollment Form

Name: _____
Address: _____
Phone: _____
E-Mail: _____

Select Your Pickup day: ____ Wednesday, 9 a.m. -5 p.m. , or ____ Saturday, 9 a.m. -5 p.m.

(Note: Saturday shareholders will have to pick up your first week's share on Wed, June 16. We will not have pickups on June 19 because of the Strawberry Festival that weekend.)

**I/We pledge to purchase__share of the harvest
\$500.00 per share
\$250.00 deposit due with this form. The other \$250.00 is due on the
date of the first CSA pickup.**

Please make checks payable to Hindinger Farm.

I understand that this is a community supported venture and that, although the farmer is committed to the best of his ability to produce high quality produce, there are risks in agriculture that need to be shared with the whole community. I understand that my full payment entitles me to a weekly share of the produce harvested at Hindinger Farm during the growing season. Failure to pick up share during set times without prior notification will result in loss of share for that week.

Signed _____ Date _____

The CSA will run from June 16, 2010 through December 1, 2010