



Larson's Farm Market, LLC
52 North Street
Danbury, CT 06810-5620
203-740-2790
LarsonsFarmMarket.com
Email: info@LarsonsFarmMarket.com

2010 SEASON CSA APPLICATION

PLEASE PRINT LEGIBLY

Name: _____

Street Address: _____

City: _____ State _____ Zip _____

Telephone: _____ Cell Phone: _____

E-Mail Address: _____

I/We pledge to purchase _____ share(s) of the harvest.

\$600.00 per full share

Please check one of the following:

I have enclosed the full share amount of \$600.00 _____

I have enclosed \$300.00 and will pay the balance of \$300.00 by January 31, 2010 _____

Please make checks payable to: Larson's Farm Market, LLC

52 North Street

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I/We understand that this is a community supported venture and that although the farmer is committed to the best of his ability to raise high quality produce there are risks in agriculture (mother nature's whims) 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 by Larson's Farm during the growing season. Failure to pick up share during set pick-up dates/times without prior notification will result in loss of share for that week.

Signed _____ Date _____