

Lock Farm--Fields To Meals

Our Fields to Your Meals

FALL HARVEST-2019 (6 weeks)

CONTRACT

Please print clearly:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

I, _____ (member's name, commit to membership in the LOCK FARM's **Fall Harvest Fields to Meals** for the 2019 harvest season during the months of November and December (6 weeks).

As a member, I commit myself to supporting the LOCK FARM with timely payments. I also commit to pick up my weekly delivery as stated in the attached payment sheet.

I understand that if I do not pick up my share it will be forfeited. If not picked up in a timely manner I do not expect to have my share saved.

As a member of the **Fall Harvest Fields to Meals** I will receive a weekly share of a variety of vegetables and fruits.

I understand that the variety of produce I receive depends on growing conditions that vary from season to season and that the risks and benefits of the harvest are shared.

By participation in the **Fields to Meals** I am support local growers as well as a healthier lifestyle for myself and for society.

Signature (member)

Date

Signature (owner)

Date

Lock Farm

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