

Back Achers Farm Meat CSA

Name

Address

Phone

email(Please write clearly, as we communicate via email)

Location for pick up/delivery

_____ on farm (Friday or Saturday 9-4)

_____ Clarks Summit , Hillside Park Farmers Market (Thursdays 2 PM-6PM)

(winter hours at Hillside Park First and second Thursday of the month 11 till 1)

_____ Home delivery for member in the boroughs of Sayre and Athens (Fridays -
midday)

_____ Binghamton, NY Broome County Regional Farmers Market (Saturday 9 AM-1
PM)

I desire ___ weekly pick up or _____ monthly pick up.

My check for _____ is enclosed for the amount of my nonrefundable deposit.

Please mail this form with check to:

Back Achers Farm
2908 North Rome Road
Rome , PA 18837

_____ I understand that if the necessary installments are not made on or before the
due date that our contract is null and void and membership is forfeited.

_____ I understand that I am responsible to make the necessary arrangements to
have the packages picked up at the appropriate time and place.

signature

