

Robb Farms 2017 CSA Contract

Name: _____

Address: _____

Phone: _____

Email: (Please print clearly) _____

We will send you a confirmation by mail. If you do not receive it by May 30th, please email us as we may have entered your email address incorrectly.

The CSA is 10 weeks. It will run from July 18 (for Tuesday pickups) – Sept 19 (weather permitting). Thursday pickups will be from July 20- Sept 21. Saturday pickups will be from July 22- Sept 23.

Please check one:

Full Shares are \$220.00

Half Shares are \$130.00

Weekly Pick- Up will be on Tuesdays from 4-6:30 p.m., Thursdays from 4-6:30p.m., Saturdays from 10 a.m. -12p.m.

Please return this form along with payment by May 15th.

Checks should be made payable to: Tracy Robb

- I understand that the 2017 Community Supported Agriculture (CSA) Share will be for 10 weeks.
- By becoming a CSA member, I agree to support the costs of running the farm in exchange for a share of the harvest. I understand that farming is seasonal and often unpredictable. By contributing a membership fee in advance, I choose to become a partner with the farmer in sharing some of the risk as well as the bounty of agricultural production.
- I understand that Robb Farms will do their best to provide the fruit and vegetable varieties they propose at the times they estimate. However, as a shareholder in both the bounty and the risk, I understand that nature ultimately decides what I will receive and when I will receive it.
- I agree to pick up my share each week at the farm. If I am not able to pick up my share, I may offer my share to someone of my choice. I will notify the farm if I am unable to come. If I miss my pick-up, I understand that I will not receive a replacement box.
- Although there is no formal work requirement, I understand that I can volunteer for CSA related activities at designated times.
- I understand that Robb Farms is a working farm and that I will be responsible for the safety of my family and myself while visiting the property. I will contact the Robb's beforehand if I wish to visit the farm.
- We ask that if you are splitting your full share with another family, please remember that you are responsible to take the designated full share quantities and split it up yourself.

Signature: _____ Date: _____

Pick up day: _____ Tuesdays _____ Thursdays _____ Saturdays

Robb Farms: 800 Gallup Road Spencerport, New York 14559 PH: 585-352-0814

Visit us at www.robbfarms.com or facebook.com/robbfarms