

FHP APPLICATION 2017

J DEFRANCESCO & SON Inc

43 AUGUR RD

NORTHFORD, CT. 06472

203-484-2028 STAND

Applicants name _____

Address _____

Town and zip code _____

Contact phone _____

E-mail address: _____ please print clearly

Wednesday from 11:30-6pm _____

Thursday from 11:30-6pm _____

Prepay for the season full share \$378.00 _____

Prepay for NEW MEDIUM SIZE SHARE \$275.00 _____

If you would like someone else to pick up your Farmer's Harvest share, please provide us with the name for your pick up day. Also, if you need to make other arrangements for your scheduled day, please give us 24 hours in advance. As always we aim to bring you the freshest vegetables possible. Thank you

I accept this contract,

Signature _____

FACEBOOK defrancescofarm