Dreamfarm 2010 Sign-up Form

(please print clearly and return)

Name:_____

Address: _____

_____

Phone: _____

E-mail: _____

Pick-up Site: _____

(Same as your Vermont Valley Community Farm vegetable pick-up site)

Farmstead Fresh Goat Cheese

Circle your choice(s)

Spring Share: (April 29 to May 20)

One 7 oz. container <u>every-other-week</u> (2 deliveries)

Variety Pack: $15.00

Select Pack: $15.00

Circle one choice: Plain Garlic Garlic Dill
French Herb Herbes de Provence
Italian Blend Peppercorn

Standard Share: (June 10 to October 21)

One 7 oz. container <u>every-other-week</u> (10 deliveries)

Variety Pack: $75.00

Select Pack: $75.00

Circle one choice: Plain Garlic Garlic Dill
French Herb Herbes de Provence
Italian Blend Peppercorn

Total Due: .....$_____

Make check payable to: **Dreamfarm LLC**

Mail to: **Dreamfarm LLC**
8877 Table Bluff Rd.,
Cross Plains, WI 53528
Questions? 608-767-3442
e-mail: diana@dreamfarm.biz