



2010 Season Registration

Please print this form, complete it,
and mail it with your check to:

Artisan Organics
8095 SW Maple Dr.
Portland, OR 97225

Your Contact Information.

Name(s)	
USPS Address	
Phone	
e-mail	

Please indicate the shares you would like to receive. You may register for one or both.

	Amount Due
<input type="checkbox"/> Vegetable Share: 27 weeks of vegetables from mid-June through mid-December Price: \$750. Total Due with Registration \$375.00 \$ _____ (Balance of \$375 due June 1, 2010)	
<input type="checkbox"/> Egg Share: One dozen eggs/week for 25 weeks Mid-June through November Price: \$125. Total Due with Registration \$62.50 \$ _____ (Balance of \$62.50 due June 1, 2010)	
Total Due with Registration	\$ _____

I will pick up my shares at:

- Hillsboro
Artisan Organics Farm
Tuesday 4:00 – 6:00
5910 SE Davis Road near Witch Hazel Elementary School
- North Portland at Legacy Emanuel Hospital
Thursday 4:00 – 6:00pm
- Northwest Portland at Good Samaritan Hospital
Day to be determined 4:00 – 6:00pm

Please make your check out to Artisan Organics and mail it to the address above.

I understand that Artisan Organics begins growing for me months in advance.
Consequently, if I do not pick up my shares each week I will not receive a refund.

Signature

Date