



1146 Cromwell Avenue Rocky Hill, CT 06067 860-529-6755 csa@fairweathergrowers.com

www.fairweathergrowers.com

2026 CSA CONTRACT

Name: _____ Town: _____
Phone Number: _____ Email: _____

Please select one pick up day from below:

Sunday / Wednesday
June 14th / June 17th **Quarter Share \$250 ODD Weeks or Group 1**

Sunday / Wednesday
June 21st / June 24th **Quarter Share \$250 EVEN Weeks or Group 2**

Fair Weather Growers Responsibility

Harvest Produce that meets our high quality standard

Have shares packed and ready for pick-up on the designated days and time

Write and Post Weekly Newsletter

We are a vegetable grower; your box will be primarily vegetables. Fruits will be added only when available from local grower and feasible

CSA Members Responsibility

CSA members will pick up their share on the designated day and within allowed timeframe. If you can't pick up send a friend, family member, or coworker to pick it up. Shares will be held till 5pm the following day of your designated pick-up day. All unclaimed shares will be forfeited. **Initial** _____

CSA members will read the Weekly Newsletter that is sent to the email provided. Emails are the primary way we communicate with all our CSA members. Newsletters include weekly produce lists, recipes, and updates around the farm. **Initial** _____

CSA members understand that your payment entitles you to a weekly share of produce and also the risk involved in agriculture. (Such as weather and crop failure). **Initial** _____

CSA members understand that as a member of the CSA they share in that risk and accept unforeseen outcomes. **Initial** _____

As a CSA member I understand that my full payment entitles me to a weekly share of the produce harvested by Fair Weather Growers and the other farms that may supply fruits for my share. Fair Weather Growers is committed to producing high quality produce that meets the standards we have set. That being said there are risks involved in agriculture such as weather and crop failure. I understand that as a member of the CSA I share in that risk and accept unforeseen outcomes.

Signature _____ Date _____

Method of Payment: Cash Check _____ Credit Card