



Mail to: Bialas Farms CSA
74 Celery Avenue New Hampton, NY 10958
www.bialasfarms.com / farmer@bialasfarms.com

CSA Contract – Please Print Clearly Make a Copy for Your Records

Name: _____
Email(s): _____
Address: _____
Phone (s) _____

Pick up shares Inside the Barn at Bialas Farms
75 Celery Ave, New Hampton, NY
Please bring reusable shopping bags or baskets.

<p>Farmer's Choice Shares * Seasonal Weekly Selection * 8-12 different items per share * Large and Small Shares pick up weekly * Biweekly Shares pick up Every Other Week (odd weeks)</p> <p>Choose ONE SIZE</p> <p><input type="checkbox"/> Large \$670 – 18 weeks; Feeds 4 - 5 <input type="checkbox"/> Small \$444 – 18 weeks; Feeds 2 - 3 <input type="checkbox"/> Biweekly Large \$380 – 9 weeks; Feeds 4 - 5</p> <p>and ONE PICK-UP DAY</p> <p><input type="checkbox"/> Tuesdays 3 pm – 6:30 pm (June 16 – Oct 13) <input type="checkbox"/> Fridays 9 am – 2 pm (June 19 – Oct 16) <input type="checkbox"/> Saturdays 9 am – 2 pm (June 20 – Oct 17)</p>	<p>Free Choice Declining Balance Shares * Flexible CSA option * Shop the farm stand as often as you like * Buy as much or as little as you need * Customized 'Members Only' Swipe Card * Reload card at any time in \$100 increments * Regular Product Discount Codes in Newsletter</p> <p>Share Membership Period is Date of Purchase through the end of the farm season OR 12/31/26 at the latest.</p> <p>There are NO REFUNDS for unused share credits. Please use all credits before the end of the farm season.</p> <p>1 share = \$100; 2 shares = \$200; 3 shares = \$300, etc.</p> <p># Shares ____ x 100 = \$ _____ Total Payment Due</p>
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Total Payment Due \$ _____
Payment Enclosed \$ _____
Balance Due \$ _____

Cash _____
 Check # _____
 To pay via credit card, please visit BialasFarms.com.
All electronic purchases will include a convenience fee.
No paper application is required.

As a member of Bialas Farms' 2026 Summer CSA,

- * I will receive an assortment of locally grown seasonal produce at each distribution.
- * I understand that the variety and quantity of produce received depends on growing and storage conditions that vary by season.
- * I understand I am committing to participate for the full season membership and there are no refunds.
- * It is my responsibility to arrange pick up of my share **on the day selected** for the duration of the CSA season. If I miss a pick-up without notice and cannot arrange for someone to pick up my share, my share will be donated.
- * **I understand that the balance due for my FARMER'S CHOICE share must be paid by June 9, 2026.**

Signature: _____ **Date of Purchase** _____