

For Previously Participating Housing Sites Only

CSA Farm Share Program: 2007
Abbreviated Application and Housing Site Contact Information

Name of Housing Site _____ Date _____

Person submitting application _____ Telephone # _____

Indicate the year(s) site has participated _____

Name of CSA farm _____

Site Information (Verify site information and add additional information as indicated.)

Name of Site: _____	Shares Requested _____
Site Locality: _____	County: _____
Total # Residents On-site: _____	Total # Residents 60+ years old: _____
Directions to Your Site: _____	

Coordinator Contact Information (Verify existing information and provide additional information as indicated.)

Site Coordinator: _____	Telephone: _____
Email: _____	FAX #: _____
Mailing Address: _____	
Alternate Contact Person: _____	Telephone: _____
Alternate's Email: _____	FAX #: _____

Mail completed form to: Amy Nickerson, MS, RD
Department of Disabilities, Aging & Independent Living
103 South Main St., Weeks Building
Waterbury, VT 05671-1601

Or Fax to: (802) 241-4224