

**2009 LOCAL FOODS CONNECTION  
ENROLLMENT FORM**

Today's date: \_\_\_\_\_



Names, First and Last. Please include all members and ages of children.

Address, phone, email. What is the best time of day/days of the week to reach you?

Which features of our program interest you? (Check all that apply)

- To receive regular deliveries of food
- To eat fresh vegetables and fruits
- To visit a farm and meet a farmer
- To read books about nutrition and farming
- To watch movies about nutrition and farming
- Other. Write your thoughts here:
- To take cooking classes
- To improve my eating habits
- To change my family's diet
- To earn points to purchase kitchenware
- To learn more about local food

Share Pickup

Your family is responsible for ensuring that your share is picked up every week.  
\_\_\_\_\_ Our family will ensure that the share is picked up.

Learn and Earn Program

Your family is encouraged to complete two activities from the Learn and Earn Program.  
\_\_\_\_\_ Our family will try to complete two activities.

For Office Use Only
FHH
RHH
DY
CSAF
CSASS
CSAS